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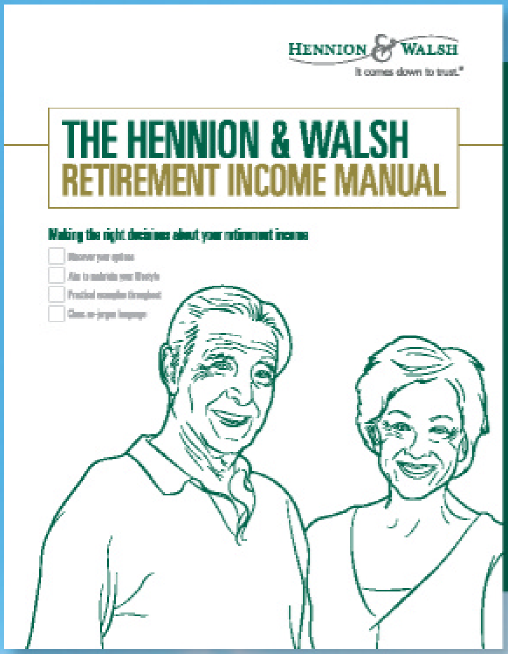

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TIME

CORONAVIRUS

SPECIAL REPORT

WHAT TO KNOW AND DO ABOUT THE GLOBAL PANDEMIC

LESSONS FROM ASIA'S RESPONSE

WHAT AMERICA MUST DO NOW

THE HUMAN COST OF NOT WORKING

HOW TO KEEP YOUR FAMILY SANE AT HOME

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A TEST FOR OUR SHARED HUMANITY

by **YUVAL NOAH HARARI**

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Biohazard disinfectant is sprayed at the New York Stock Exchange on March 14

Photograph by Victor Llorente—The New York Times/Redux

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From the Editor

To our TIME family

ON THE COVERS: SEATTLE: DAVID RYDER FOR TIME; CONNECTICUT: ANGELA STRASSHEIM FOR TIME; ITALY: LUCA LOCATELLI FOR TIME; IRAN: FOROUGH ALAEI—VII MENTOR PROGRAM/ REDUX FOR TIME; LONDON: ANASTASIA TAYLOR-LIND FOR TIME; BEIJING: WANG WEI FOR TIME; U.S. NEWSSTAND: TYPOGRAPHY BY SEAN FREEMAN FOR TIME

SEVENTY-FIVE YEARS AGO, ON THE HEELS OF AN ALTOGETHER different kind of war than the one we are now facing, TIME published a letter from a reader in California: "No one else has caught so well our sense of this still moment when we balance on the edge of the abyss and try to apprehend the heights which must be scaled."

Today, we find ourselves caught in another still moment, isolated and yet deeply connected to one another by a biothreat scientists are racing to understand. For all of us at TIME, it is in moments like this that we feel our greatest sense of responsibility to provide trusted information and guidance to our audience of more than 100 million people around the world. And so on Jan. 21, China correspondent Charlie Campbell traveled to ground zero in the coronavirus crisis, the Huanan Seafood Market in Wuhan. At the time, hard to fathom now with some 200,000 cases globally, there were about 440 confirmed cases. Since then, our team has been publishing nearly 24/7 on the trajectory of the virus and what we all need to do to mitigate its worst effects.

WE ARE DOING our work, as so many of you are, while remote from our offices, with our families and loved ones in various states of social distance. Nearly all our employees are now working from home. I'm writing this letter from my kitchen table, and my colleagues have worked from similar settings to produce this issue. Like you, we are finding new ways of working, some of which will no doubt outlast this crisis, and searching for new ways to meet the needs of work, family, and physical and mental health. Our teams connect regularly by videoconference, getting glimpses of each other's homes, children and pets, as well as insights into how various parts of the globe are coping. "Greetings from the future," an editor in our Hong Kong office—which began remote work in late January—announced at one of our daily meetings early this month. The Hong Kong team has been providing guidance to the rest of us, including encouraging coverage of how some parts of Asia seem to have kept the virus at bay.

While we are doing everything we can to ensure the health and safety of our employees, families and communities, our commitment to you remains steadfast. We are all experiencing information overload, and yet there is so much confusion about what information can be trusted—and much is still unknown. We have launched a daily newsletter that pulls together essential updates; you can sign up for it free of charge at time.com/coronavirus. As schools continue to close, we are working to offer TIME for Kids—our weekly school-based magazine for grades K through 6—online and free. And while social distancing has meant postponing our annual TIME 100 issue, summit and gala until the fall, we will be publishing a special issue next month featuring insights on the pandemic from our TIME 100 community of global leaders. It will be followed by a virtual summit on meeting the challenge of COVID-19.

This week's magazine features six covers showing images ranging from the tragically hard-hit Life Care Center in Kirkland, Wash., to the balconies of Tehran and the streets of China. Seen together, they are meant to show how truly banded together we all are in this fight. It is a new reality we are all adjusting to that will continue to create challenges and require collaboration, courage and empathy.

For more than 97 years, through countless global crises and stories of resilience, TIME has been here. Our editorial team will continue to do everything we can across all our print, digital and social channels to help you navigate this incredibly complex moment, and our business team remains deeply focused on our subscribers and partners.

We'll keep you updated, and I welcome your ideas and feedback at eic@time.com.

Edward Felsenthal,
EDITOR-IN-CHIEF & CEO
@EFELSENTHAL

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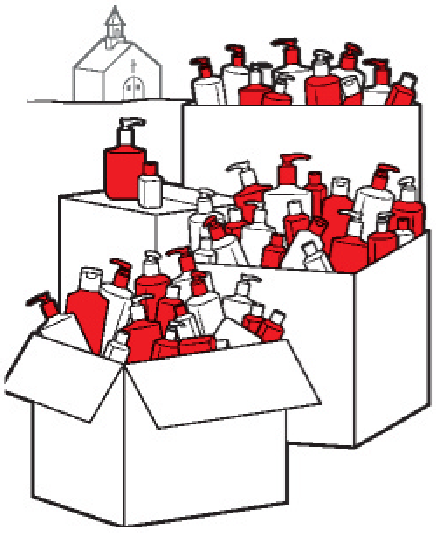


17,700

Number of hand-sanitizer bottles hoarded by two Tennessee brothers in a failed resale effort; they gave their stash away, much of it to a local church, on March 15 after attracting national scorn

‘I’LL BE A VERY HAPPY MAN.’

ANDREW YANG, former Democratic presidential candidate, on the chance that he’ll have played a role in getting the U.S. to embrace a universal basic income; the Trump Administration has discussed using cash payments to cushion the economic blow from the coronavirus outbreak

2036

Year Russian President Vladimir Putin would have to step down under a new law he signed on March 14, which is pending approval by a nationwide vote; Putin would by 83 by then

‘I hope the sentence sends a clear message that times have changed.’

TARALE WULFF, who testified that she was sexually assaulted by disgraced film producer Harvey Weinstein; on March 11, Weinstein was sentenced to 23 years in prison for sex crimes

‘LET’S TAKE CARE OF OURSELVES AND EACH OTHER.’

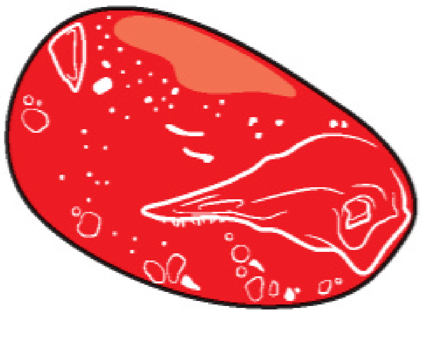
TOM HANKS, on March 15, two days before he and his wife Rita Wilson were released from the hospital after being diagnosed with COVID-19

‘This is an amazing opportunity for me to do something.’

JENNIFER HALLER, 43, who became the first person to receive an experimental coronavirus vaccine on March 16; the vaccine won’t be available widely for at least a year, assuming the study goes well

99 million

Age in years of a piece of amber found to contain the skull of the smallest dinosaur ever discovered; scientists announced the find on March 11



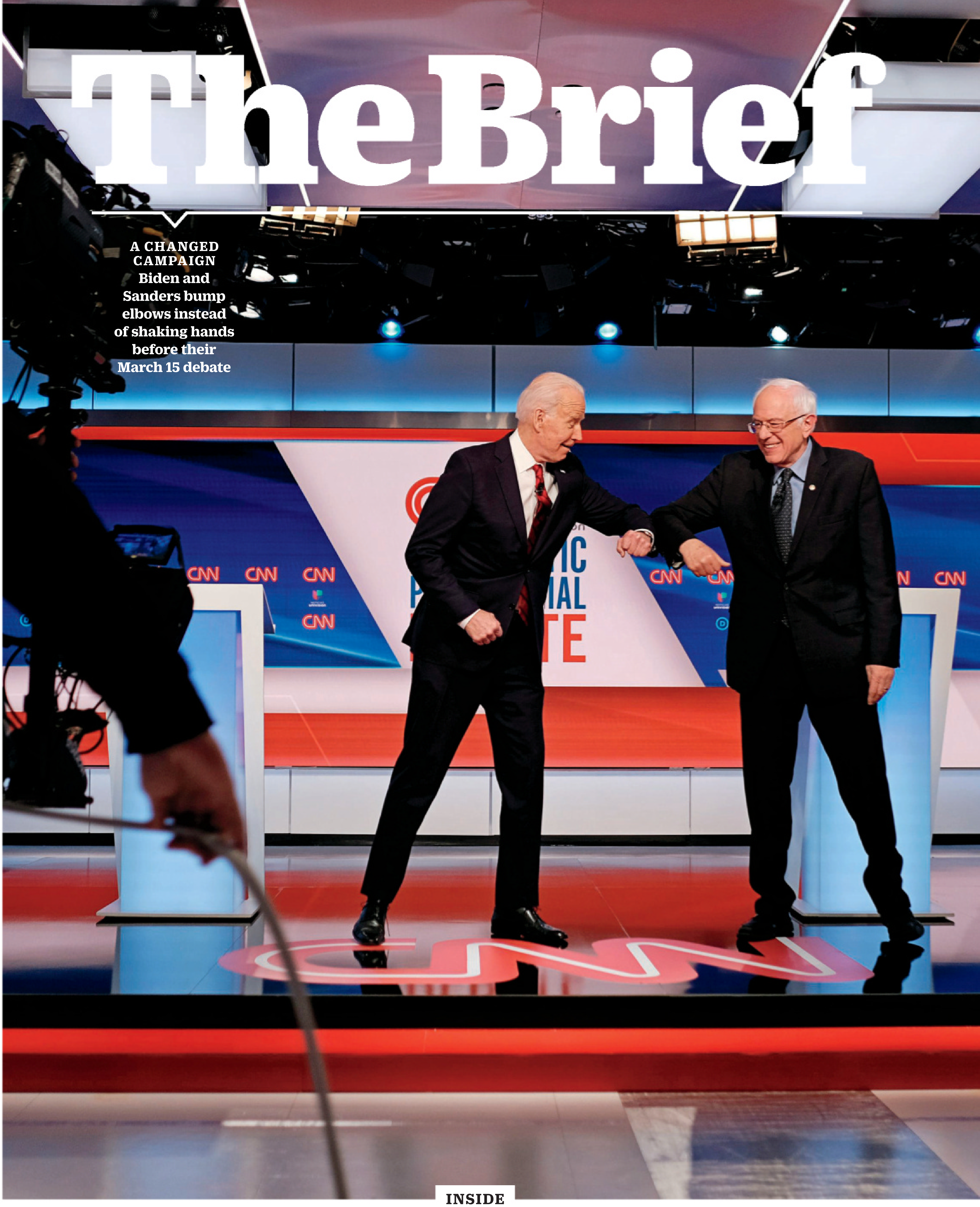
‘Heartbreaking but the right thing to do.’

CASSIUS STANLEY, Duke University basketball player, after the NCAA canceled March Madness—and the rest of its winter and spring championships—because of COVID-19

ILLUSTRATIONS BY BROWN BIRD DESIGN FOR TIME

SOURCES: THE NEW YORK TIMES; AP; CNN

The Brief



A CHANGED CAMPAIGN Biden and Sanders bump elbows instead of shaking hands before their March 15 debate

INSIDE

ISRAEL'S OPPOSITION LEADER TAPPED TO FORM GOVERNMENT

REMEMBERING A TRAILBLAZER IN THE EPISCOPAL CHURCH

HILARY MANTEL ON THE END OF HER CROMWELL TRILOGY

PHOTOGRAPH BY GABRIELLA DEMCZUK

POLITICS

Welcome to the coronavirus campaign

By Charlotte Alter and Lissandra Villa

An eon ago, on Super Tuesday, Joe Biden, flanked by his wife and sister, gave a victory speech to a cheering crowd. Two weeks later, on March 17, he delivered another, on a night when he swept primaries in Arizona, Florida and Illinois. It should have been a triumphant moment: Biden has racked up eight victories in 10 states and territories since his commanding performance on Super Tuesday, all but clinching the Democratic presidential nomination.

Yet this time Biden was totally alone. Speaking from his home in Wilmington, Del., the former Vice President was flanked this time by two American flags. Gone was his stump speech, in which Biden talks about the threat posed by President Donald Trump and the "battle for the soul of the nation." Instead he focused on the fight against a virus that has transformed American life in the blink of an eye. "This pandemic has impacted every aspect of our lives and every aspect of this campaign," Biden said. "This pandemic is a national emergency, akin to fighting a war." The awkward livestream footage gave his speech the look of a hostage video.

'This pandemic has impacted every aspect of our lives and every aspect of this campaign.'

JOE BIDEN,
Democratic presidential candidate and former Vice President

IN THE SPACE between Biden's speeches, two things have become clear. First, the 2020 presidential election has become a two-man race between Biden and Trump. And second, the contest—at least for the next few months—is going to look nothing like any other in modern times.

The public-health crisis has disrupted voting across the country. Ohio postponed its primary scheduled for March 17, and Georgia, Kentucky, Louisiana and Maryland have also pushed back their elections. Some poll workers in all three states that voted March 17 failed to show up. It's impossible to know how many voters were dissuaded from going to the polls out of concern for their health, or how many will be in the future.

The candidates have suspended rallies and stopped glad-handing, opting instead for digital town halls and livestream events. If COVID-19 isn't under control by the summer, both parties may have to adjust or cancel their plans to hold traditional nominating conventions. There are real health risks for both the candidates and the voters. Biden is 77 and Trump is 73, and the virus has proved particularly dangerous for older people. Besides, canceling events could represent a welcome change of pace. "Honestly, with major-party nominees in their 70s, this must come partly as a relief to their campaigns," says Lis Smith, a top strategist to former presidential candidate Pete Buttigieg. "Campaigns are really taxing."

The candidates will be campaigning behind glass to run a nation that is now effectively on lockdown. "Fundamentally, campaigns are about touching people," says Jared Leopold, a Democratic strategist who worked on Washington Governor Jay Inslee's presidential bid. "The idea of a campaign without handshaking and big crowd events would be a fundamental change to the way every presidential campaign has been run."

It's a blow to Trump, whose signature rallies have been both a show of strength and a source of voter data. And while Biden is tireless at working rope lines, Democratic strategists say the changes could be a blessing in disguise. "If you're a campaign that has always looked for controlled moments, then this gives you the excuse you need," says progressive strategist Rebecca Katz.

The coronavirus hasn't just changed the style of the campaign. It's also upped the stakes. For the past year, the Democratic race has been a negotiation of progressive priorities from immigration reform to student debt to Medicare for All. Now, with Biden running up an all-but-insurmountable lead—Vermont Senator Bernie Sanders' campaign manager said March 18 that the candidate would "assess" the future of his bid—the primary is effectively over, and the 2020 election is shifting to a referendum on the President's leadership during what could be a world-altering pandemic.

Incumbent Presidents often benefit from campaigning amid a national battle. But it also gives Biden an opportunity. "In every election, there is a major national or international issue that the non-incumbent can use to publicly play President and give the public a taste of the imagery and activity they'd expect if elected," says John Legittino, an aide to Mitt Romney's 2012 presidential campaign.

Biden, who was Barack Obama's understudy for eight years, has seized the moment. The coronavirus response "should be directed from the White House, from the Situation Room, laying out in detail like we did in the Ebola crisis," he said during the March 15 debate, conducted in a CNN studio with no live audience. "And we beat it." In that debate, Biden mentioned the Situation Room four times.

As he pivots to take on Trump and the coronavirus, Biden must find a way to make peace with Sanders' supporters. In his victory speech March 17, he made specific overtures to the Vermont Senator and praised the "tenacity" of his young left-wing base. "I hear you, I know what's at stake, I know what we have to do," he said. "Our goal as a campaign and my goal as a candidate for President is to unify this party and then to unify the nation."

Two weeks ago, that line would have been greeted with applause. Instead, it was a unity message in isolation, delivered to an empty room. —*With reporting by* PHILIP ELLIOTT/WASHINGTON *and* MADELEINE CARLISLE/NEW YORK ◻

PREVIOUS PAGE: CNN/EPA-EFE/SHUTTERSTOCK; BIDEN: EVAN VUCCI—AP; GANTZ: DAN BALILTY—THE NEW YORK TIMES/REDUX; HARRIS: DOMINIC CHAVEZ—THE BOSTON GLOBE/GETTY IMAGES

KILLED
Two U.S. and one U.K. service members on a coalition base north of Baghdad, on March 11, by rockets. The attack prompted retaliatory U.S. airstrikes on militia groups backed by Iran.

BLOCKED
A Trump Administration rule change that would have cut 700,000 people from food stamps, by a federal judge, on March 13.

DELAYED
The launch of **Europe and Russia's new Mars rover,** by their space agencies, on March 12. Engineers were unable to prepare the robot in time for its planned launch this summer and will have to wait until 2022—the next time the planets will be favorably aligned.

LEFT
The New England Patriots, by longtime quarterback **Tom Brady,** on March 17. He plans to sign with the Tampa Bay Buccaneers, according to multiple reports.

DISABLED
A network of **Russia-linked troll accounts,** by Facebook and Twitter, the companies said on March 12. The accounts aimed to stoke racial tensions among U.S. voters.

SENTENCED
Former California Congressman **Duncan Hunter,** on March 17, to 11 months in prison, for using $200,000 in campaign funds for personal expenses.

Former Israeli army chief Gantz campaigns at a rally in Tel Aviv on Feb. 29, ahead of March elections

CHOSEN

A challenger to form Israel's new government

Step toward unity

ISRAEL HAS SUFFERED CRIPPLING POLITICAL DEADLOCK FOR months. Now the COVID-19 outbreak might succeed in doing what three elections in a year could not: forming a government.

On March 15, Israeli political parties backed the centrist opposition leader, Benny Gantz of the Blue and White Party, to form a governing coalition. It was a blow to Prime Minister Benjamin Netanyahu, Israel's longest-serving leader, who won more seats in the March 2 elections but fell short of a majority. Now Gantz, a former Israel Defense Forces chief of staff, has received a narrow majority of nominations in Israel's parliament, including from Arab-Israeli dominated parties.

The wrangling comes at a tricky time. As of March 17, Israel had recorded 304 COVID-19 infections, but its transitional government is limited in its ability to make tough decisions to tackle the outbreak. And Netanyahu isn't going anywhere just yet: his trial for corruption charges, scheduled to begin on March 17, has now been postponed for two months because of the virus.

With a month to cobble together a coalition, Gantz promised to "extend my elbows" to leaders across the political divide, a reference to the fact that handshakes are no longer an acceptable greeting in the age of the coronavirus. "These are not normal days," Gantz said, also signaling an openness to partnering with Netanyahu. He resolved to form a government of national unity "within days" that would "heal the Israeli society of the coronavirus, as well of the virus of hatred and division." —JOSEPH HINCKS

DIED

Barbara Harris

Church pioneer

WHEN BARBARA C. HARRIS, who died on March 13 at 89, became the first woman to be ordained an Episcopal bishop in 1989, she was alert to breaking centuries of precedent. "The miter fits just fine!" she assured the congregation in Boston's Hynes Convention Center, as she put on the bishop's ceremonial headdress.

The elevation of Harris, a divorced 59-year-old African American who had never graduated from seminary, challenged traditional notions of church leadership. It came at a time when women had been serving as Episcopal priests for only 15 years. "There seem to be fresh winds blowing across the church," she said shortly after her election, noting that some would find them "fearsome as a hurricane." For the next 13 years, as bishop for the Diocese of Massachusetts, Harris dismantled those fears, speaking out against homophobia and South Africa's apartheid regime, while exhorting congregants to support victims of the AIDS epidemic as well as incarcerated men and women—always reminding them that "God has no favorites." —ARYN BAKER

Her Cromwell trilogy complete, **Hilary Mantel** also has thoughts on modern royals and pols

By Dan Stewart

IN LONDON, THE GHOSTS OF HISTORY ARE NEVER far away. The past lies close to the surface of its narrow streets and the walls of its churches. At Gray's Inn, the cluster of stately brick buildings where lawyers have studied and practiced for more than 600 years, it occasionally pierces through into the present.

Hilary Mantel would know. The author has spent the past 15 years imagining the people who occupied the city's historic haunts for her epic *Wolf Hall* trilogy, a fictionalization of the life of Thomas Cromwell, aide to King Henry VIII. Mantel completes her series with the feverishly awaited publication of *The Mirror and the Light*. The third installment is even more epic in scale than its predecessors: a sweeping narrative encompassing four years of royal births, marriages and deaths; rebellions against the throne; and diplomatic dealings between England and Europe.

After gently dismissing her husband to a nearby coffee shop, Mantel settles at a polished oak table in the Bencher's Library at Gray's Inn. She suggested we meet here, where Cromwell, a lowborn blacksmith's son who became one of England's most powerful men, studied to be a lawyer before serving the king. She's bored of setting conversations against the backdrop of the more famous Tower of London, just a couple miles away. The tower is cold and crowded, she says, but the library is warm and quiet, its stone-arched windows a reminder of its distant past.

Cromwell lived just around the corner, and there's a portrait of him hanging here that Mantel describes as a "terrible" reproduction of the famous Holbein portrait made during his lifetime. "They used to keep it in the cellars, but then when he got famous, so to speak, they brought it up again," she says.

Cromwell's 21st century fame is almost entirely due to Mantel, 67, who made him the hero of her 2009 novel *Wolf Hall*—a fictional retelling of Henry's decision to break the English church from Rome, the British version of the Reformation, and the unprecedented annulment of his first marriage. The book became a critical and cultural sensation, along with its 2012 sequel, *Bring Up the Bodies,* which focused on Cromwell's role in the fall of Henry's second wife, Anne Boleyn. Each won the Booker Prize, making Mantel the first woman to win the award twice, and together they were adapted into a TV series starring Mark Rylance and Damian Lewis, as well as an epic play in the West End and on Broadway. As Cromwell has grown in the public's esteem, so has Mantel; in 2014, she was ennobled by the Queen who now sits on Henry's throne, and she is entitled to call herself Dame Hilary.

Mantel's fullest achievement in the trilogy is the character of Cromwell himself, a brilliant strategist whose mean and sometimes brutish upbringing informs his understanding and manipulation of power. He knows when to speak softly, and he knows when to wield a big stick.

But the rough-hewn Cromwell of the novels is far removed from the writer who resurrected him from obscurity. Mantel carries herself with a delicate bearing and admits she found it "quite hard to bear" speculation in the tabloids that she might have had writer's block as readers awaited the final book. She blames the "complexity of the material" for the delay but says she "never stopped."

Mantel speaks in precise paragraphs in a distinctive, lilting soprano register. "He has this huge appetite for life, and if you insult him, he laughs it off," she says of her subject. "That kind of character fascinates me, that imperviousness, as someone with several fewer skins."

AT SUCH A CONTENTIOUS MOMENT in the U.K., it's tempting to look to Mantel for lessons from the past. But the author disdains parallels between her novels and today's politics. "People are constantly asking me if the Reformation is like Brexit," she says, dryly, "and the answer is no."

And don't look to her studies of Henry to yield any insights the current royal family could put to use. Mantel says the Windsors are less like the Tudors and more like the Victorians, driven to construct an image of an ideal family, one that has "severely crumbled" over the past two decades. "The royals are all the time being marketed to us, and the more sensational their difficulties, the more potential for marketing there will be," she says. "But I don't think the nation is

MANTEL QUICK FACTS

Blockbuster books
Mantel's *Wolf Hall* trilogy has sold more than 5 million copies and been translated into 36 languages.

Living with pain
Mantel was diagnosed with endometriosis at the age of 27 and until recently suffered with chronic pain.

Royal ruckus
Mantel caused a tabloid storm in a 2013 essay when she described Kate Middleton as a "shop-window mannequin." She's a bigger fan of Meghan Markle, whom she described as a "lift to the national spirits."

ALICE MANN FOR TIME

as obsessed as the media would like us to be."

It may not be Mantel's intention, but contemporary parallels are inescapable. Something about the scenes of Cromwell and his rivals competing to win the favors of a mercurial king, for example, does call to mind the Trump White House. Mantel maintains that the U.S. President is nothing like the Tudor king, in her conception. "Henry's enraptured by his role, but at the same time he has serious doubts both about the nature of kingship and himself as a person. So I think he's got a rather different character," she says.

However, she adds, Cromwell's ability to rise above the fray would equip him well for today's noisy politics. "He's one of those men who doesn't regret, doesn't retrospect. It's always next thing, next thing," she says. "He wouldn't be knocked off course by Twitter storms."

'He's one of those men who doesn't regret, doesn't retrospect. It's always next thing, next thing.'

HILARY MANTEL,
on Thomas Cromwell

EVENTUALLY, Cromwell's ability to stay ahead of his enemies and on the right side of his king falters, and—spoiler alert, if it's possible to spoil the centuries-old historical record—he's condemned to die in the Tower of London.

The short chapter that concludes the novel follows Cromwell right up to the executioner's block, a section Mantel says she first wrote soon after starting work on *Wolf Hall.* That book begins with Cromwell as a young man seeing his blood on cobblestones, believing he's about to die at the hands of his abusive father. "Obviously, that's where you're going to end, except the years have passed," she says. She wrote and rewrote his death scene several times to get the tone right, storing options in a filing cabinet for 15 years until she pulled them back out to configure the final version.

Having already sealed Cromwell's fate on the page helped mitigate any qualms she might have had about killing off her beloved character, whose ghost she has lived with for so long. "There was a great calmness about writing the end. There was no emotional upheaval about it because I'd done it years previously," she says.

Besides, Mantel will resurrect him once again for the stage in a theatrical adaptation of *The Mirror and the Light,* which she's currently writing, and—she hopes—another season of *Wolf Hall* for television.

In the meantime, she has set to work raising another of England's ghosts—that of the late Prime Minister Margaret Thatcher, whose legacy of free-market reforms and deindustrialization still polarizes British society. Mantel is adapting for the stage her controversial short story, published in the *Guardian* in 2014, which imagined the assassination of the Iron Lady in 1983. She is no fan of Thatcher's politics but says the late Prime Minister shares her essential confidence with Cromwell.

"They're people who can focus and narrow their attention and shrug off opposition," she says. "You don't imagine her going home and brooding over her mistakes."

> “When my mom was diagnosed with cancer, I wanted her to have access to the best treatments available.”

SONEQUA MARTIN-GREEN
Stand Up To Cancer Ambassador

Photo By
MATT SAYLES

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The View

NATION

THE STORY THE CENSUS TELLS

By Jennifer Mendelsohn

Across the U.S., people are filling out their Census forms, providing detailed information about who they are and how they live in 2020. The answers matter for short-term political decisions, but they will also be invaluable for genealogists, who rely on the Census to piece together the narratives of American families. ▶

INSIDE

WHAT THE RUSSIA-SAUDI OIL WAR MEANS FOR THE ECONOMY

FEAR AND ANXIETY PLAGUE NEW MOMS

AFFORDABLE CARE ACT'S UNLIKELY ANNIVERSARY

"The Census is the master key," explains genealogist Rich Venezia. "Its importance to American genealogy can't be overstated. It can be somewhat basic in the information it provides while also distilling American history on a single page."

Like a series of flip-book drawings, the Census is at once static and dynamic. Begun in 1790, with responses available to the public through 1940, its records are a repository of granular information about American households. Each dry data point it tracks—birthplaces and marital status, immigration and income—tells a detailed story. In aggregate, those data points help us imagine our ancestors' lives in three dimensions and to animate them, tracking their movement through time and space and across the American experience.

ON JUNE 2, 1900, Census worker David Honeyman came knocking on doors at a crowded tenement on New York City's Lower East Side. In the 72nd household he visited was a 10-year-old boy, Latvian-born Abraham Mendelsohn—my grandfather.

A Census 2020 information table at a New York City street fair on Sept. 14

Honeyman recorded that my great-grandmother Rosie Mendelsohn had given birth to nine children but only four were living. The entries for many of her neighbors telegraphed similar stories of heartbreak. Rosie is listed as being unable to read or write (columns 22 and 23). Neither she nor her husband Isaac, a shoemaker, could speak English (column 24) eight years after they'd arrived in America (column 16).

In the 1920 Census, my grandfather, a married father and the only one of his siblings still alive, had begun calling himself Albert. By 1930, he had four children, was an electrician (column 25) and had applied to become a citizen (column 23). In 1940, he reported an annual income of $2,300, well above the national average. For my family, the words and digits in those Census columns are a tangible manifestation of upward mobility and assimilation. All four of my grandfather's sons graduated from college; all had white collar jobs.

But many stories the Census tells are anything but sanguine. Enslaved people were enumerated in the earliest Censuses but were never named, sometimes represented only by a tick mark. In the 1850 and 1860 Censuses, "slave schedules" included a list of the enslaved identified by age, sex and color. These entries are sometimes the sole testament to the existence of a living, breathing human being. "It's a very emotional document," says genealogist Nicka Sewell-Smith, who hosts the YouTube series *BlackProGen LIVE!* "To see marginalization actualized in our official documents is what takes genealogy to a different place that many people are not comfortable going to."

As a tool for capturing larger truths about America, Census questions—as well as those that are not asked—are inevitable reflections of the priorities and biases of those doing the asking. The 1880 Census, for example, asked if anyone in the household was "idiotic" or "insane." Census efforts to measure America's diversity have always been fraught, down to the cringeworthy terms used to classify people, such as "Hindu" as a clumsy catchall for Asians. Other than a 1930 question on "Mexican" origin, there was no attempt to quantify America's Latinx population until 1970. "What's unasked," says Venezia, "is unheard."

In the recent book *The Plateau,* anthropologist Maggie Paxson writes of the foundational question she asks as she tries to get a read on what makes communities tick: Who does what with whom? (As a genealogist, I'd be remiss not to mention that she and I are recently discovered fourth cousins.) However imperfect, the Census provides a snapshot of American life, telling us what those in power thought was important to know—and what wasn't—about who was doing what with whom at that particular moment.

Fill it out and you'll be frozen in time too—perhaps, if you're lucky, as memorably as a 15-year-old Wisconsin girl named Catharine Cudney was in 1880, when four simple words were entered in the "occupation" column by her name: "does as she pleases."

Mendelsohn is a journalist and genealogist

SHORT READS

Highlights from stories on **time.com/ideas**

Taking sides

The Supreme Court, which is supposed to ensure justice for all, has a long history of not living up to that ideal, argues Adam Cohen in his book *Supreme Inequality.* Instead, he writes, it has frequently **"stood on the side of wealthy campaign contributors, rich corporations and children born into privilege."**

Learning from the past

The drugmakers that fueled the opioid crisis will soon pay billions in settlements. **"Unfortunately, if recent opioid and tobacco settlements are any indication, victims and their loved ones may never see a dime,"** warns Kathy Strain, an advocate for grandparents raising grandchildren born with neonatal abstinence syndrome or exposed to opioids in the womb.

Critiquing a movement

Mainstream feminism claims to represent all women, but according to Mikki Kendall, author of *Hood Feminism,* it tends to focus on those who already have most of their needs met. **"All too often it's not about survival but about increasing privilege,"** she writes.

CENSUS: RICHARD B. LEVINE—SIPA USA; SPRAGUE: GEORGE RINHART—CORBIS/GETTY IMAGES

THE RISK REPORT

Russia and Saudi Arabia's battle royal over oil price

By Ian Bremmer

FOR THREE YEARS, Russia and Saudi Arabia had a deal. Together, they used their collective market power to put a floor under oil prices by limiting their production. Then, about two weeks ago, it all broke down. The Saudis, in response to slowing demand for oil, wanted to cut production further to keep prices stable. The Russians adamantly disagreed. They wanted to produce more.

That's when the Saudis moved to teach Russia a lesson. They pledged to drown the market with an added 2.6 million barrels of crude oil per day and to cut the price for customers in Europe, a market crucial for Russia's oil industry. Over the next few days, crude prices fell 30%. The Saudis' likely message to the Russians: "The price is now lower for both of us, but we're grabbing more market share. Want to talk?"

Nyet came the word from Moscow: "No need to talk. Our economy is much less dependent on oil exports than yours, and our rainy-day funds are much deeper. We can absorb this pain for a long time. Can you? Let us know when you've changed your mind." The oil war was on.

Having dismissed the Saudis, Russia dispatched a message like this toward Washington: "Let's be honest. You Americans have put sanctions on us mainly because you want to hurt our oil industry to help your own. That's how you've become the world's No. 1 oil producer in recent years: by attacking our companies. Lower prices offer big benefits for Russia."

Lower prices, the Russians hope, will leave President Trump in a tough spot. Shale production remains more expensive than traditional oil extraction, so lower prices will drive some smaller U.S. producers toward bankruptcy. Nor does it hurt Vladimir Putin's feelings to see the U.S. stock market in free fall, or to imagine less money invested globally in hydrocarbon alternatives in the coming years.

How long will this fight last? Maybe for months. The two commanders in this war—Putin and Saudi Crown Prince Mohammed bin Salman—are proud, impulsive men who pride themselves on toughness. Each believes he has the best weapons, at least for now. Putin remembers the tidal wave of Saudi production in the 1980s that helped drown the Soviet Union. Nor is there much likelihood of a meaningful intervention from a preoccupied Trump.

Putin's most important project at the moment is preparing the ground to make himself Russia's leader for the indefinite future

ALL THAT SAID, Putin knows he's playing a dangerous game. Russia's central bank reported last year that an oil price of $25 per barrel—a number much likelier now than when this forecast was made—would push Russia's economy into recession. Putin's most important project at the moment is preparing the ground to make himself Russia's leader for the indefinite future. To keep his popularity from falling with Russia's economy, he must boost spending to improve living standards.

If he devotes too much spare cash to weathering lower oil prices, Russians might have to pay much higher taxes. And though he's so far managed those rainy-day funds with great care, Putin knows we now live in a world where a storm is raging.

In the end, Putin also knows—or should know—that U.S. shale producers aren't so easy to kill. These are smaller companies that can go in and out of business as prices dictate. The oil price will be low for a while because the pandemic will dramatically slow global oil demand. But eventually, economies will recover. The Russians and Saudis will talk their way toward allowing the oil price to move higher. U.S. shale production will come back on line. We're left to wonder just how low Putin and MBS want to go.

HISTORY

How elevators shaped cities

New Yorkers today likely walk by Manhattan's Postal Telegraph Building at 253 Broadway without a second thought. But it was there, in 1893, that inventor Frank Sprague deployed the first bank of electric elevators, fueling the rise of the vertical city.

Before then, cities were squat, limited in height by people's willingness to climb stairs. Electric elevators allowed cities to house more people on less land than ever before. The world's cities now contain more than half the global population but, as of 2012, cover less than 3% of its land.

Since Sprague's days, New York City has grown a forest of skyscrapers. In 2017, a group of economists estimated that the city's land—just the land, not the buildings—was worth about $2.5 trillion. This number comes from what can be built on it or, rather, above it. Without electric elevators, all that space would be nothing but thin air. *—Robert Bryce*

Adapted from A Question of Power: Electricity and the Wealth of Nations

EXPRESS
LOCAL

Sprague pictured with one of his inventions

FREE
1040-SR
2019

It's easier than ever to get free tax help. Here's how

By Kevin Kelleher

WHILE THIS YEAR'S TAX DEADLINES HAVE BEEN DELAYED for 90 days, returns will still need filing out eventually. Fortunately, at a time when cash flow is so iffy, there are a number of programs that can help you calculate or file your taxes for free.

Free tax help and filing programs fall into two groups: those that connect users to volunteers for in-person help, and those that offer do-it-yourself software for filing federal, and sometimes state, tax returns. Many of the in-person, volunteer-based tax-help programs are currently suspended because of coronavirus concerns, so we're going to focus on free software-based tax-filing options. Keep in mind that "free" can come with catches—like software that upsells users into paid options—so be sure to do your homework before picking the best option for you. Here are some options for free tax filing:

IRS Free File. The IRS works with Intuit, H&R Block and other tax-software makers to offer free online filing for people who earned $69,000 or less in 2019. However, eligibility standards vary, and not all offer free state filing. Don't confuse these services with the companies' branded tax-preparation options, which may not be free and are not bound by the IRS' Free File rules.

Free File Fillable Forms. Taxpayers earning more than $69,000 who feel comfortable mostly going it alone can use the electronic version of the IRS' paper forms at no cost. While these will do some automatic tax math, they offer only basic guidance. And you can't use them to file state taxes.

MyFreeTaxes. A collaboration between United Way and H&R Block, this program provides free filing for taxpayers with simple tax situations. If you have just a W-2 and modest interest income and take the standard deduction, for example, it could be a good option.

Credit Karma Tax. Credit Karma doesn't charge a fee and promises to never upsell users—even those who have complex tax situations. That makes it a more attractive option for some small-business owners, freelancers, people with income from capital gains or rental property, and so on. But you should know that the company makes money by recommending financial products based on users' tax data. Credit Karma says it doesn't share users' personal data with its marketing partners, but it's worth considering any potential privacy trade-off before using the service.

More people are eligible to file their taxes for free than many realize

FEWER PEOPLE USE FREE TAX-FILING options than you'd think. Free File is available to 104 million taxpayers, yet only 2.5 million used the service last year, down from 5.1 million 15 years ago. Last month, the Treasury Department's inspector general criticized Free File's "complexity, confusion and lack of taxpayer awareness." Part of the problem is that tax-prep companies have worked to keep Free File quiet to protect their business, some experts and advocates say. "The whole game now is for those companies to prevent taxpayers from getting onto the IRS Free File site," says UC Davis professor Dennis Ventry. He suggests going directly to the IRS website (*IRS.gov*) instead of using Google to search for free tax help, which may point users to products that wind up not being truly free. He adds that if you're not eligible for a particular Free File product, check the IRS' other options before exploring a paid product.

Do your research and know what you're signing up for. Will free help actually cover your needs? Are you comfortable with a broad, free service like Credit Karma if it means letting a company profit from your personal financial data? The work involved may seem like a hassle, but remember it's likely to pay off for some time. "The first time you choose one of these options, it can seem a little intimidating," says Mark Mazur, director of the nonpartisan Urban-Brookings Tax Policy Center. "The trick is to get over that intimidation and realize that once you master an approach, it will be a lot simpler in subsequent years." ◻

ILLUSTRATION BY CHRIS GASH FOR TIME

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— The New York Times

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Postpartum anxiety goes undiagnosed

By Sarah Menkedick

AS A NEW MOTHER, I WORRIED ABOUT MOUSE POOP IN THE small cabin where I lived. About fracking chemicals in the water. About glyphosate in the oatmeal. About flame retardants in pajamas. About phthalates in toys. Although it constantly overwhelmed me, I thought my anxiety was normal, even necessary. After all, it was my job to protect my child. When I mentioned my fear at my six-week follow-up appointment after birth—the sole instance of medical care many new moms receive in the entire year postpartum—the midwife shrugged and chided me that anxious mothers make anxious children.

For more than two years, I worried as a full-time job, all the while telling myself I was a good mother, an extra-vigilant mother, a mother who wouldn't make a critical mistake that would harm her child. I Googled, I read scientific studies, I could recite the latest American Academy of Pediatrics recommendations about screen time. Meanwhile I boxed myself into a narrow, miserable life, full of ritual acts of prevention and desperate information-seeking.

Our notion of mental illness in the postpartum period is limited to the image of the depressed woman, crying, unable to get out of bed, uninterested in her baby. But, like me, many women who struggle with mental health in the perinatal period experience anxiety and intrusive thoughts as their most intense symptoms. Only when I began to talk openly with other women about what I had gone through did I finally recognize my anxiety as an illness, and not simply good mothering.

Anxiety is a silent epidemic among American mothers. It is debilitating, but normalized and even socially sanctioned. We've come to confuse fear with love, and the pursuit of zero risk with responsible parenting. There is no established definition of postpartum anxiety, and no category for it in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). In most medical literature, it either does not exist or is a mere symptom of postpartum depression (PPD).

THIS LACK OF MEDICAL ATTENTION to postpartum anxiety persists in spite of compelling evidence of its prevalence. A 2013 study led by Dr. Ian Paul, a pediatrics professor at Penn State College of Medicine, found postpartum anxiety rates around 17% among new moms and depression rates around 6%. A 2016 study by University of British Columbia assistant professor Nichole Fairbrother had similar results: 17% of women surveyed during the first three months postpartum struggled with anxiety and related disorders, whereas 4.8% experienced depression. "Any general pediatrician and obstetrician could tell you that it's way more common for mothers to be anxious about their babies and themselves after delivery than it is for them to be depressed," Paul told me. "Clearly they're two distinct sort of sets of behaviors."

17%

Approximate percentage of new mothers in a 2013 study who experienced postpartum anxiety

6%

Approximate percentage of new mothers in the study who experienced postpartum depression

But Dr. Samantha Meltzer-Brody, who established the international consortium Postpartum Depression: Action Towards Causes and Treatment (PACT) and who directs the UNC Center for Women's Mood Disorders, resists the idea of anxiety as a distinct category of disorder. She explained to me that depression manifests differently in different people and insisted that some moms have strong anxiety with no mood symptoms but still have PPD. She also thinks the DSM should more clearly emphasize anxiety in its characterization of PPD. I find her explanations compelling, but as someone who felt no overwhelming sadness, suicidal ideation or anhedonia (the inability to feel pleasure), I chafe at the suggestion that I was depressed.

This could be my misunderstanding of depression, but it echoes a long history of women being told they don't understand what they're feeling. It also raises the question of how far language can be stretched until it obscures rather than illuminates.

It is time to recognize anxiety as a serious problem in American motherhood. It is time to start paying as much attention to the health of new mothers as to the health of their babies. "It is normal for new mothers to worry," one mom I interviewed was told over and over, even as she hid all her knives in her basement. It should not be normal for mothers to worry the way they do. It is our society's responsibility to support women as they become mothers with medical and mental-health care, paid leave and quality childcare, instead of leaving them floundering in isolation and worry. Otherwise, with a culture that rewards obsessive anxiety as proper vigilance, mothers are bound to drown in fear.

Menkedick is the author of Ordinary Insanity: Fear and the Silent Crisis of Motherhood in America

GETTY IMAGES

SPONSOR CONTENT FROM KAISER PERMANENTE

How Childhood Trauma Can Affect Your Future

America is facing a mental health crisis, one that's having devastating effects on today's youth in particular, with rates of depression and suicide increasing dramatically among young people. With these issues front of mind, Kaiser Permanente is returning to the sources of childhood trauma to better understand the effects it has on both early development and the rest of children's lives.

According to a 1998 landmark study conducted by Kaiser Permanente and the CDC, childhood trauma is strongly correlated with a person's health as an adult. The study explored Adverse Childhood Experiences, or ACEs, surveying more than 9,500 adults insured by Kaiser Permanente about ACEs they may have faced as children. These included "psychological, physical or sexual abuse," "violence against mother," and "living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned."

Recent surveys by the CDC indicate that over 60% of adults in the U.S. experienced at least one ACE in childhood, while about 1 in 6 people experienced four or more. While even one ACE is associated with increased health risk, having four or more carries twice the risk of heart disease and stroke, seven times the risk of substance use disorder and 12 times the risk of self-harm attempt.

Kaiser Permanente CEO Greg Adams says that the healthcare giant is spearheading new research into ACEs and investing in efforts aimed at reducing the number of ACEs in communities. "We pledged $2.75 million to address gaps in existing data and identify successful programs, emerging best practices and interventions," says Adams. "We also announced a partnership with the Alliance for a Healthier Generation and Discovery Education to expand their Resilience in School Environments (RISE) initiative, which will address trauma and stress and promote social and emotional wellness at 25,000 schools nationwide."

Given that over 60%of all children experience at least one ACE during childhood, the RISE initiative is looking to bolster support for children with ACEs by tapping into the environments where they spend most of their time: schools. "Schools are a kind of 'social home,' where kids, parents, teachers and staff can get together in support of children and families," says Dr. Don Mordecai, National Leader for Mental Health and Wellness at Kaiser Permanente. "Through the Resilience In School Environments (RISE) program we focus on staff in schools to help them understand how to work with kids who have experienced ACEs, how to support teachers and staff who may have their own traumatic backgrounds and to determine what policies schools can put in place to help heal children and not harm them."

Kaiser Permanente is also supporting youth mental wellness through its partnership with the National Basketball Association. Each year, the organizations provide young people with stress-relief and mindfulness programming. "Approximately one in five adults in the U.S. experience mental illness in a given year, yet mental health remains stigmatized," says Adams. "Because half of all mental illnesses show up before age 14, Kaiser Permanente is working to foster a national conversation that encourages youth who need help overcoming depression and other conditions to understand the importance of mental resilience."

Combined, initiatives like RISE and Kaiser Permanente's partnership with the NBA work to provide both prevention and treatment methods for ACEs. "This research will help address ACEs on a local and national scale, in both the clinical and community setting," Adams says.

"We know that the best solutions for preventing ACEs start in the communities where people live, learn, work and play. By launching several community-based solutions, we can pool our knowledge and track best practices. Ultimately, we hope to scale our findings and create an infrastructure that can connect the dots between individuals and the resources they need to truly thrive."

The Impact of Child Abuse & Neglect

Adverse Childhood Experiences have been linked to:

- **Early death**
- **Risky health behaviors**
- **Low life potential**
- **Chronic health conditions**

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Ten years in, Obamacare has wins and losses

By Abigail Abrams

MAURINE STUART CREDITS THE AFFORDABLE Care Act (ACA) for saving her family. In 2014, Stuart was diagnosed with HELLP syndrome, a rare disease that causes heart, liver and lymphatic problems. As a result, she was unable to continue working full time—which meant losing her employer-sponsored health insurance. But thankfully, she says, that same year, her home state of West Virginia opted in to the 2010 Affordable Care Act's Medicaid-coverage expansion, and she qualified.

Over the next few years, as bad news kept rolling in, ACA protections continued to keep Stuart's family afloat. When Stuart was diagnosed with breast cancer, when her sister was diagnosed with a brain tumor, and when her daughter Peyton began having seizures, the ACA consistently offered avenues of affordable care. Stuart and her sister received coverage under the Medicaid expansion, while Peyton got it through the Children's Health Insurance Program, which had been strengthened under the ACA.

Stuart says the ACA not only gave her and her family access to the treatments they needed, it also changed their mentality about when to seek out professional care in the first place. When she and her siblings were growing up in California in the 1980s and '90s, they couldn't afford health care, Stuart says. "The criteria for going to the doctor was, 'Are you bleeding? Have you lost a limb?'" Her father and brother never shook that idea, Stuart says. Despite the passage of the ACA, they never got insurance. They thought it would be too expensive. So in recent years, when both of them began having severe health issues, neither regularly went to the doctor. By 2016, both men were dead: her father from prostate cancer and her brother, at 19, from a massive pulmonary embolism.

"My dad and my brother died; my sister, my daughter, me, we all lived," Stuart says. "The common denominator," she says, was health insurance.

IT'S BEEN 10 YEARS since President Barack Obama signed the Affordable Care Act into law—and proudly embraced its once pejorative nickname, Obamacare. But the law's legacy remains at least as layered and complicated as Stuart's family medical history. Thanks to the ACA, 20 million people in the U.S. gained health coverage, and early studies show the law improved the health of Americans across a range of measures. It also helped narrow racial, gender and ethnic gaps in coverage. Between 2013 and 2018, the uninsured rate dropped 10% for black adults and by more than a third for Hispanic adults. Other groups, including women and young people, saw significant gains in coverage as well.

But the law is also deeply flawed. Despite its framers' high hopes, plenty of health outcomes have not improved, marketplace insurance plans have remained too expensive, and while national health care spending has been lower than predicted, the ACA's record on containing costs is a mixed bag.

STAND HERE IN HONOR
ALL THE BRAVE MEN
WOMEN WHO FOUGHT
MAKE THIS DAY
SIBLE AND FOR ALL
LGBT CITIZENS
NO LONGER WITH US
P TAP TAP
ACA IS HERE TO STAY
ACA IS HERE TO STAY
ACA IS HERE TO STAY

Supporters of the Affordable Care Act celebrate outside the Supreme Court in 2015 after a favorable ruling

DOUG MILLS—THE NEW YORK TIMES/REDUX

In many ways, the ACA today serves as a kind of sociopolitical Rorschach test in the U.S. To many mainstream Democrats, the law is an imperfect victory: in 2018, they won the majority in the House of Representatives in part by trumpeting a platform of protecting—and improving—the ACA. Progressives, meanwhile, see the law as not going nearly far enough.

To many Republicans, the law is a bête noire. Congressional Republicans have voted at least 70 times to dismantle, defund or change the ACA, and conservatives have brought three major challenges to the law to the Supreme Court. Fourteen states, most with Republican governors, still refuse to opt in to the law's Medicaid expansion, and the Trump Administration has successfully chipped away at a handful of the law's crucial rules. But in 2017, when Republicans got their chance to kill the ACA outright, they balked. Despite having majorities in the House and Senate, they couldn't

ACA IS HERE TO STAY

agree on a replacement—and the late Senator John McCain prevented an outright repeal, which would have left a great deal of Americans without access to insurance at all. Today, 55% of Americans support the law, an all-time high, according to the Kaiser Family Foundation's latest poll.

One of the ACA's most popular provisions ensures that people with preexisting conditions cannot be denied coverage or charged higher premiums. Before its passage, insurers could charge excess prices for—or outright deny—coverage to all kinds of people, including pregnant women and cancer survivors. The ACA also eliminated annual and lifetime limits on coverage, a change that protects people who have had prior health emergencies.

Perhaps unsurprisingly, researchers have found that having good insurance directly correlates with better access to care—which in turn often translates to better health. Increases in coverage due to the ACA led to an uptick in early cancer diagnoses; improved rates of treatment for diabetes, high blood pressure and kidney disease; and better self-reported health, studies find. There have been other highlights too: some studies show Medicaid expansion helped people get evidence-based treatment for opioid addiction and to quit smoking. More broadly, researchers have found that the ACA reduced medical debt nationwide, lowering bankruptcy and poverty rates.

These improvements have helped reduce annual mortality rates for infants and people with cardiovascular disease, especially in states that opted in to expanded Medicaid. One study found that if all 50 states had expanded Medicaid, as the ACA's framers intended, it likely would have saved 15,600 lives from 2014 to 2017.

A FOUNDATIONAL IDEA of the ACA was that it was supposed to preserve free-market competition by creating state-based marketplaces where people could buy private health insurance. Only it didn't turn out that way. Once the ACA went into effect, sick people—who require the most costly care—flooded the marketplaces, and many healthy people did not join at all. The results were grim: the cost of premiums rose, and many insurers, assessing the marketplaces as unprofitable, bailed. That meant that customers in many regions were left in the lurch: they could choose from only a handful of often very pricey plans.

And then it got worse. Under the ACA, those with incomes up to 400% of the federal poverty level received subsidies to help them afford expensive insurance plans. But many middle-class Americans made too much to qualify for that help yet far too little to afford to pay on their own. The high deductibles on marketplace and employer-sponsored plans have left more people underinsured than 10 years ago.

The Trump Administration has relentlessly pushed to dismantle the ACA. It has managed to get the individual mandate ruled unconstitutional; allowed plans that skirt ACA coverage requirements; slashed funds that helped people sign up for insurance; and imposed new regulations on Medicaid, such as new premiums and work requirements. As a result of these efforts, the ACA is weaker now than it was a decade ago, and the number of Americans with health insurance has declined.

But the law's impact remains strong, in part because it transformed the way Americans think about the role of government in health care. It stretched what they thought was possible. In the decade since former Vice President Joe Biden called the ACA a "big f-cking deal" on the day it was signed into law, Pew research shows that the majority of Americans have come to believe that it is the federal government's responsibility—through the ACA or its eventual replacement—to ensure health care to all Americans.

Stuart in West Virginia says she remains grateful to the ACA for providing her family coverage over the years. Her breast-cancer prognosis now looks good, and her daughter Peyton is tapering off her antiseizure medication. But with ongoing legal challenges to the ACA and President Trump in the White House, she worries that one day it will be repealed. "I wake up every day afraid," she says. —*With reporting by* ALICE PARK ☐

20M

Number of people who gained health coverage because of the Affordable Care Act; this includes at least 12 million under Medicaid expansion

23.4%

Fewer adults skipped a test or treatment from 2010 to 2018

$4,800

Amount the average nonelderly single adult spends on health per year (employer insurance, out-of-pocket, health taxes)

THE GLOBAL FIGHT AGAINST THE PANDEMIC: A SPECIAL REPORT

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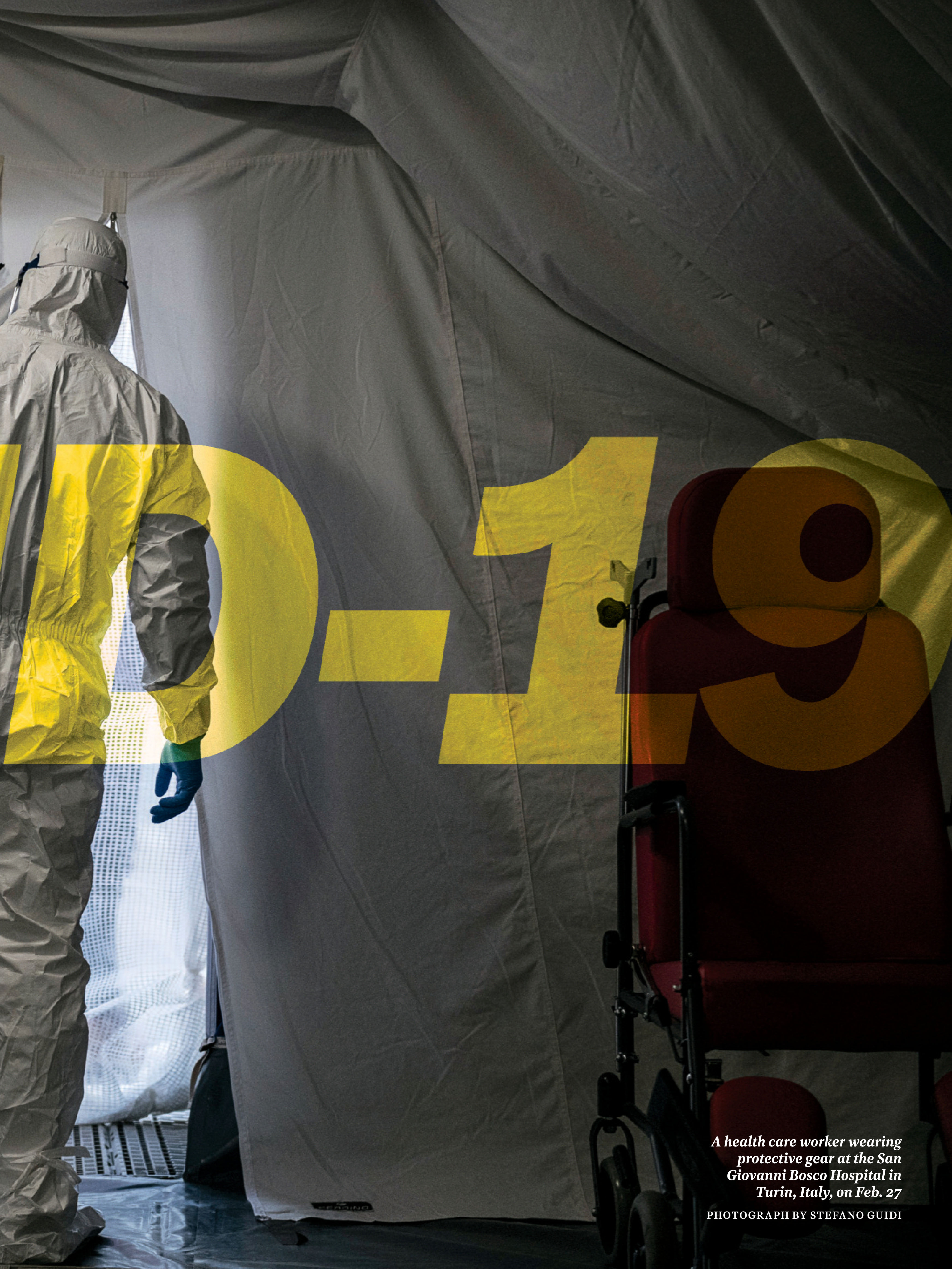


A health care worker wearing protective gear at the San Giovanni Bosco Hospital in Turin, Italy, on Feb. 27

PHOTOGRAPH BY STEFANO GUIDI

ANALYSIS

LEARNING FROM ASIA

Is it too late to take lessons from the China neighbors that fought COVID-19 most effectively?

BY LAIGNEE BARRON

AT THE BEGINNING OF THE YEAR, HONG Kong, Taiwan and Singapore looked next in line for catastrophe. The novel coronavirus was spreading beyond mainland China, and all three were hit early. Yet each still has fewer than 250 confirmed COVID-19 cases, even as global infection numbers swelled to upwards of 180,000.

It's too early to declare victory. But if these places tied closely with China can stanch the virus' spread, perhaps other countries now bearing the brunt of the pandemic can follow suit. Hong Kong, Taiwan and Singapore have also managed to get a handle on the deadly pathogen without resorting to draconian lockdowns or paralyzing their economies, suggesting measured responses can work.

Health experts say the world should take note. Acting quickly, they say, is the only way to prevent historic damage. "We run the risk of an unprecedented humanitarian crisis," says Emanuele Capobianco, director of health and care at the International Federation of Red Cross and Red Crescent Societies (IFRC).

Key to successful coronavirus responses so far have been decisions to respond aggressively from the outset. The deadly pathogen began to spread just in time for Lunar New Year (Jan. 25), when millions travel across Asia, reuniting with their families in the world's largest annual human migration. By Feb. 1, Singapore, Taiwan and Hong Kong had all proactively implemented travel restrictions on passengers coming from mainland China. The precautions contravened World Health Organization guidelines and came at a significant economic cost to these international hubs, which rely on the mainland as their biggest trading partner and source of tourists.

But they had reason to act fast. All three destinations remain haunted by the legacy of severe acute respiratory syndrome (SARS). In 2003, it devastated many Asian metropolises, and in its wake, some doubled down on preparing for the next crisis. "Somewhat perversely, we can look at SARS as the dress rehearsal," says Jeremy Lim, co-director of the Leadership Institute for Global Health Transformation at the National University of Singapore. "The experience was raw and very, very visceral. And on the back of [it], better systems were put in place."

Following SARS, Taiwan established a central command center for epidemics. By Jan. 20, the center was coordinating the government's response to the new coronavirus, rolling out 124 "action items." Just 81 miles from mainland China, Taiwan was initially projected to have among the highest numbers of cases. Instead, it's tallied 77—fewer than Iceland.

For Western governments whose health care systems were not forged in the crucible of SARS, this kind of institutional readiness may not be easy or even possible to replicate. "Epidemic preparedness starts years before an outbreak," says Capobianco at the IFRC. "If [the] number of beds or doctors were cut over the years, for example, it will be very difficult to compensate in a short period of time."

YET ASIA ALSO OFFERS lessons for countries caught off guard by already mushrooming outbreaks. South Korea, the East Asian country hardest hit outside of China, made a testing blitz the centerpiece of its response. Infections have leveled off around 8,000, and officials are now offering the nation as a model for stemming the virus. Experts say the approach helped pinpoint outbreak hot spots, allocate resources and isolate infections. The country also launched drive-through testing, an innovation now embraced in Germany, Australia and the U.S. At one point in early March, South Korea was administering more tests in a single day than the U.S., with six times the population, had conducted in total.

South Korea isn't the only one earning praise for its screening policies. Last month, a Harvard University study estimated Singapore detects almost three times more cases than the global average because of strong disease surveillance and fastidious contact tracing. Local health authorities decided early on to test all influenza-like and pneumonia cases. They have spared no pains in hunting down every possible contact of those infected, using police, flight manifests and blood tests. As of March 17, Singapore had 243 cases and zero deaths.

PREVIOUS PAGES: GETTY IMAGES; AIRPORT: LAM YIK FEI—THE NEW YORK TIMES/REDUX

A nearly deserted Hong Kong International Airport on March 17

Few countries share Singapore's unique combination of single-party dominance, tight social controls and deep financial resources. Breaches of its coronavirus protocols have led to a permanent resident's losing his status. But some suggest the city-state's effective response has more to do with transparency, comprehensive testing and quick isolation practices. "Many have been praising authoritarian responses based on control and coercion, and yet I think what we are seeing is that good public health using modern tools [is] more important," says Matt Kavanagh, director of Georgetown University's Global Health Policy and Governance Initiative.

There is also little need for strict enforcement when SARS-scarred populations readily practice social distancing, scrupulous hygiene and other protective measures. In Hong Kong, a city that suffered more than a third of the global SARS fatalities, familiar reflexes have snapped back into action. On the streets, people keep their distance. No one shakes hands. Many stay in their apartments for days at a time. Schools are closed, events canceled. "Everyone knows it's their responsibility to help stop the virus from spreading," says Amy Ho, a 46-year-old Hong Konger. The measures appear to be working. Perched just across the border from the mainland's health crisis, Hong Kong had just 162 cases as of March 17. Neighboring Guangdong province recorded 1,364.

Experts stress governments must have a sound strategy to communicate to the public. After Singapore raised its outbreak alert to orange, one level below the maximum, on Feb. 7, residents emptied supermarket shelves. To quell the anxiety, Prime Minister Lee Hsien Loong addressed the nation in three of its four official languages. "I want to speak to you directly, to explain where we are and what may lie ahead," he said. Supermarket lines soon eased.

In the U.S., by contrast, President Donald Trump has contradicted government scientists while trying to downplay the threat, and falsely suggested the imminent availability of a vaccine. "To be honest, as a public-health professional, I am deeply concerned about the U.S.," says Lim, in Singapore. "It's become politicized, making it difficult for the average citizen to know who to trust or what to believe."

Singapore, Hong Kong and Taiwan have also digitized data to improve transparency. Each new case is posted to government websites with information like the patient's age, gender, travel history and, in Hong Kong's case, apartment building, to encourage anyone possibly in contact to come forward. In all three places, tests and government quarantine sites for those who can't stay at home are provided at zero or nominal cost.

None of them offers a uniform nationwide virus-fighting blueprint, being more the size of a U.S. city or state. But there are crucial takeaways. David Hui, director of the Stanley Ho Center for Emerging Infectious Diseases at the Chinese University of Hong Kong, says it's vital that countries limit social contact. Schools need to shut and mass gatherings need to be canceled, as has happened in other parts of Asia as well as Europe and, more and more, the U.S.

"It's clear that where people are more cautious we see a relatively lower number of cases," Hui says. "The facts speak for themselves." ☐

EUROPE IN CRISIS

As the coronavirus spreads, E.U. solidarity evaporates

BY CHARLOTTE MCDONALD-GIBSON/THE HAGUE

A temporary emergency room is set up in Brescia to alleviate strain on Italy's health care system, on March 13

FRANCESCA VOLPI—BLOOMBERG/GETTY IMAGES

WHEN THE CLAPPING STARTED, IT WAS IMPOSSIBLE not to feel moved. At 8 p.m. on March 17, people across the Netherlands leaned out of windows and congregated on doorstops to make a show of support for medical workers battling the coronavirus. First it was just a few claps, before the sound spread down my street in the Hague, working up to a crescendo of whistles and whoops. Fireworks sounded in the distance. A neighbor I had never spoken to waved from across the street. The warmth and goodwill was the epitome of what it means to be part of a community—a scene also playing out in Italy, Spain and France as stricken neighborhoods come together.

But these spontaneous acts of solidarity stand in stark contrast to what is happening among E.U. nations. The epicenter of the coronavirus moved from China to Europe in the first half of March, and governments turned on one another. The pillars that were meant to hold up the E.U.—the free movement of goods and people—crumpled, as borders went back up and panicked governments stockpiled medical supplies with little regard for their neighbors. When European Commission chief Ursula von der Leyen announced on March 17 that the bloc would shut its external borders for 30 days, it felt as if the E.U. was playing catch-up with the many unilateral closures that governments had already enforced. It didn't seem to be a coming together of like minds.

When the E.U. is not in crisis mode, its leaders like to talk up its grand ideas, preaching to their 446 million citizens the narrative of diverse nations bound by a common set of values in a unique project bringing peace and prosperity to all. What is remarkable is how quickly those ideas can unravel.

"The basic threshold of what it means to live in a community is that you have some collective responsibility to each other that goes beyond your self-interest—and there I have found it pretty shocking," says Chris Bickerton, an academic at Cambridge University and the author of *The European Union: A Citizen's Guide*. "It reveals that the political obligations of governments and leaders are really still national, [and] it seems very difficult to think of a common European identity under those circumstances."

The coronavirus outbreak is the latest in a long line of crises that have thrust the E.U. into existential despair. The euro-zone crisis of 2008 first gave the lie to the dream of a pan-European solidarity, with wealthier nations loath to take any economic hit to come to the aid of struggling ones. The refugee crisis of 2015 exacerbated this. As 1 million people arrived at E.U. borders seeking sanctuary, governments turned against each other; there was little support for nations like Italy and Greece on the front line of the crisis.

The coronavirus has arrived at a time when the effects of those emergencies still linger and threatens to be the final blow for the grand idea of a politically unified E.U. taking a leading role on the world stage. "This very much fits together with all of the issues around the other crises," says Susi Dennison, a senior policy fellow at the European Council on Foreign Relations. "Do we want to be a Europe that is globally engaged and gets things done through cooperation, or is the nationalist rhetoric more powerful?"

THE WARNING SIGNS came early. As Italy became the first E.U. nation to suffer huge increases in cases and deaths, Rome appealed to fellow member states for medical equipment. Not one country volunteered this assistance, each government keen to hoard its supplies for when the virus came for its own citizens. Some countries, including Germany, banned the export of crucial medical supplies, flouting E.U. norms on the free flow of goods.

Then came a series of unilateral decisions on shutting E.U. borders, apparently with no coordination.

France's Emmanuel Macron labeled early closures by Austria and Slovenia "bad decisions," reflecting an ill will going back to 2015, when many European countries shut borders to keep migrants out.

With some borders left open, however, the effectiveness of differing approaches was called into question. For example, Belgium closed all schools, nurseries, cafés and restaurants on March 12, but in the Netherlands, they remained open. So Belgians living in border areas simply popped next door for their beer and *frites*. When the Dutch finally announced that schools, nurseries, bars and restaurants would close three days later, Health Minister Bruno Bruins blamed the Belgian "café tourism."

As the E.U. institutions struggle to find their role, it may well create a vacuum for populist and nationalist forces to thrive, as they did after the euro-zone crisis and the refugee crisis. Far-right figures have tried to exploit the coronavirus, with Matteo Salvini of the League in Italy implying migrant boats brought the virus and Hungarian Prime Minister Viktor Orban speaking of a "clear link" with illegal migration, despite no evidence to back up either claim.

But it is not clear if it will work, in the short term. Recent polling from Italy suggests a small drop in support for the League since the start of the coronavirus crisis. People are looking to governments for advice they trust, not opportunistic politicians without access to all the facts, says Dennison. "The power of being an opposition force, which populists are so good at playing on, loses some of its potency."

This could change after the peak of the crisis, as nations start to recover and people reflect on whether their governments fought for them or failed them. "Then there will be so much scope for people's grievances to be played on," Dennison adds.

To seize the upper hand, the E.U. needs to work out how its institutions can add value and show they have a purpose in times of crisis—especially as both health and internal border controls lie outside their mandate. One option might be a pan-E.U. economic package for those struggling to withstand the financial impact. "What will be required is a massive economic stimulus," says Philippe Lamberts, a co-president of the Greens in the European Parliament.

Once again it will come back to the union's central conundrum: Should the E.U. integrate and intervene more in its members' affairs or leave matters to national governments? The coronavirus may undermine the argument for a more ambitious pan-European cohesion, Bickerton says. "For those who want to build on this, it seems to me to be a very difficult crisis to overcome."

None of these fundamental questions are on our minds right now, as we try to navigate daily childcare and trips to depleted supermarkets. One day, the crisis will end, but E.U. soul-searching seems destined to continue for some time. □

DISPATCH

WHAT LIFE IS LIKE IN CHINA NOW

BY CHARLIE CAMPBELL/SHANGHAI

ONE RECENT AFTERNOON, four medical personnel in hazmat suits loitered outside my apartment building in Shanghai. As they stood there, a man holding a speaker strolled past playing a recorded message that ordered, "Wear a mask, stay indoors, wash your hands."

Despite China's efforts to recast itself as a sanctuary from COVID-19 while cases soar across the U.S. and Europe, fallout from the pandemic lingers here, long after the rate of infections has stabilized. Everyone arriving from another country or province must undergo 14 days of quarantine, either at home or a government facility. Central heating is banned in offices for fear of spreading germs. Taxi drivers hang sheets of plastic inside their cabs to cocoon themselves from passengers. One friend in Beijing returned to work to find the receptionist dressed in a white hazmat suit.

Life has not gone back to normal, or anything like it. Grabbing noodles with my wife means sitting diagonally across a four-person table to comply with social-distancing rules. A routine appointment with my lawyer had to be held in Starbucks as her office had banned visitors. The barista chastised her for standing within four feet of me while witnessing me signing documents.

It all chafes against China's official narrative that the "people's war" against COVID-19 is almost won. President Xi Jinping even visited the central city of Wuhan, the epicenter of the outbreak, on March 10, declaring that the virus was "basically curbed."

If that's the case, officials here aren't acting like it. Everyone is beholden to online retail giant Alibaba's new Health Code app, which rates users green, yellow or red, depending on travel history and possible contact with infected people. Anyone who has moved between cities in the past two weeks is liable to get a yellow code, with green mandatory to access most malls and office buildings. A red code means two weeks in quarantine.

Yet many measures seem like little more than box ticking. Masks are de rigueur outside the home despite huge doubts over their efficacy. The temperature tests required to enter any shop or restaurant or even pass certain street corners are casually administered. Officious doormen and security guards hold you up only to point the temperature gun at your coat sleeve. It's especially frustrating as COVID-19 can spread while people are asymptomatic, rendering these tests mostly pointless.

The hazmat suits outside my apartment show more professionalism when my neighbor arrives from the airport. They check her temperature, make her sign various papers and escort her home. She won't reappear for 14 days. Suddenly alarmed, I open my Health Code app to check that my rating is still green. China may spy victory over the virus, but normal lies a long way off, if it ever returns at all

OPPORTUNITY COST

The U.S. paid dearly for the Trump Administration's fumbled response. There's little time left to fix it

BY HALEY SWEETLAND EDWARDS

Throughout Donald Trump's presidency, an ominous question has hung in the air: How would he handle a truly serious crisis? Now we know. The novel coronavirus pandemic has infected more than 200,000 people around the world to date and is spreading rapidly in the U.S. Experts project that COVID-19, the respiratory disease that coronavirus causes, could afflict millions worldwide and kill hundreds of thousands of Americans. Faced with the most dangerous threat to American life since at least the Sept. 11, 2001, terrorist attacks, the 45th President made matters worse.

A few weeks after the outbreak began in China's Hubei province in December, U.S. health officials warned Trump of the seriousness of the threat. But in his first public comments about the virus, on Jan. 22, Trump told the public he wasn't worried. "Not at all," he said. "We have it totally under control." Throughout February, Trump dismissed Democrats' alarm about the virus as their new "hoax," blamed "the Democrat policy of open borders" for the pathogen's spread and insisted that his Jan. 31 decision to restrict travel from China had contained the outbreak. By Feb. 29, officials reported the first coronavirus-related death of an American on U.S. soil.

As epidemiologists and infectious-disease experts begged Americans to self-quarantine and cancel social events, many of the President's supporters in the media and Congress echoed his cavalier tone. The disease, meanwhile, continued to spread throughout the country, largely undetected. As other nations tracked and prevented new infections by testing tens of thousands of people, the Centers for Disease Control and Prevention (CDC) had administered fewer than 500 tests in the entire month of February.

The government's top infectious-disease expert, Dr. Anthony Fauci, called the feds' testing program "a failing," but it was hardly the only one. Trump's team ignored an alarming shortfall of basic medical supplies, like masks, hospital beds and ventilators—necessary to handle an expected surge of patients requiring hospitalization—and tussled with governors, who were begging the White House to release federal funds to aid in preparation efforts. Trump brushed aside the mess. Asked on March 13 if he accepted responsibility for the testing debacle, he uttered seven words that could come to define his presidency. "No," he said, "I don't take responsibility at all."

State and local leaders stepped up to fill the leadership vacuum. Governors moved quickly to declare states of emergency and close schools, mayors imposed mandatory lockdowns, and community leaders canceled public events. Mayors of some of the nation's largest cities set up a Slack channel to swap tips and find a unified response. Ohio Governor Mike DeWine, a Republican, assembled his own ad hoc group of local doctors to offer him advice. "My instinct was 'We've gotta move, and we've gotta move fast,' " he tells TIME. The private sector also stepped into the breach. Within days, the National Hockey League, National Basketball Association, Major League Soccer and Major League Baseball all suspended or postponed their seasons. Broadway canceled shows, Disneyland closed through the end of the month, and scores of businesses shuttered.

With stocks down 12% and the pandemic fueling a full-blown economic panic, Trump appeared to awaken at last to the severity of the crisis. On March 16, Trump admitted that the virus was indeed "very bad." He urged Americans to stay away from bars and restaurants and avoid groups of more than 10 people. "Each and every one of us has a critical role to play in stopping the spread and transmission of the virus," Trump said. "With several weeks of focused action, we can turn the corner and turn it quickly." Over the next couple of days, Treasury Secretary Steven Mnuchin backed a $1.3 trillion stimulus package, including $500 billion in direct payments to Americans.

If the past two months were a calamity, the next

Trump and Fauci, at the microphone, address reporters in the Rose Garden on March 13

EVAN VUCCI—AP

two weeks are a critical opportunity to turn things around. The coronavirus cannot be stopped, but the number of new infections can still be slowed. We may be able to reduce the number of new cases, prevent hospitals from being overrun, humanely treat those who fall ill and reduce the total number of deaths that sweep the nation. The President may yet play a central role in a successful U.S. response to this pandemic. If he does, it will be thanks to the experts and scientists, economists and governors, community leaders and everyday Americans who led the way.

TRUMP'S FIRST MAJOR ERROR in the crisis came a year and a half before the novel coronavirus first emerged in Wuhan, China. In May 2018, he authorized his then National Security Adviser, John Bolton, to eliminate the National Security Council's global health security unit and demote its pandemic experts.

It was a tiny office, but it had huge responsibilities. Its main job was to serve as an early-warning system for impending pandemics. "We definitely would have been sending up flares," the unit's former senior director, Beth Cameron, tells TIME. In the case of a global health emergency, its experts were in charge of helping coordinate the dozens of institutions—health agencies, hospitals, and state and local governments—that must respond in a crisis. Bolton, long gone from the Administration, defended his reorganization of the NSC on Twitter as COVID-19 spread. But those on the front lines of the crisis felt its absence. "We worked very well with that office," Fauci told Congress on March 11. "It would be nice if the office was still there." Asked on March 13 about the decision to shut down the unit, Trump again sidestepped responsibility. "I didn't do it," he said, adding, "I don't know anything about it."

In truth, America's reservoir of health experts has long been starved of support. From 2001 to 2017, the CDC's funding for state and local preparedness has been cut by a third, and the Hospital Preparedness Program within Health and Human Services has been halved. Between 2008 and 2019, local and state health departments hemorrhaged more than 50,000 jobs—a quarter of their workforce, according to the National Association of County and City Health Officials. And the Trump Administration made the problem worse. The President has yet to even nominate people for 165 of roughly 750 key Senate-confirmed federal government positions—including several high-level global health roles that would have been crucial in coordinating an all-government response.

With in-house experts sidelined, Trump's White House became an echo chamber for yes-men. His late-January restrictions on travel from China ought to have bought time for a sustained, monthslong effort to mitigate the spread of the pathogen. Instead, Trump and his aides frittered away weeks on a self-congratulatory victory tour. "We have contained this," White House economic adviser Larry Kudlow said on Feb. 25. "I won't say airtight, but pretty close to airtight."

For weeks, current and former public-health officials tried in vain to get the President's attention, pushing him both publicly and privately to prepare for an inevitable outbreak. Luciana Borio, who served as director of Medical and Biodefense Preparedness on the NSC from 2017 through 2019, and Trump's own former Food and Drug Administration commissioner, Scott Gottlieb, published a flurry of op-eds. They warned that more cases were coming, that the CDC couldn't keep up with them and that hospitals needed to prepare for an influx of patients.

Trump was unmoved. One possible reason: fear of spooking markets. "The President hates to admit to anything that could affect the economic success negatively," says a former Administration official, who requested anonymity to describe discussions with the President. Instead, the Trump Administration's response was "ad hoc," says Kenneth Bernard, a retired rear admiral and physician who served both Bill Clinton's and George W. Bush's administrations.

At first, Secretary of Health and Human Services Alex Azar was in charge of coordinating interagency response. Then on Feb. 26, Trump tapped Vice President Mike Pence to take over. Pence attempted to fix the disastrous shortfall of diagnostic tests and began trying to educate the public to the dangers the disease could pose. He brought in a well-connected global disease expert, Dr. Deborah Birx, to coordinate with other countries and U.S. agencies. As the crisis grew, Pence reached out to Democratic governors in Washington and California and met with top Democrats on the Hill.

20%

Possible unemployment rate if Congress doesn't pass a massive stimulus, per Treasury Secretary Mnuchin

As his Vice President scrambled to embrace the experts, Trump's extended family got involved. On the night of March 11, Dr. Kurt Kloss—whose daughter is married to the brother of Jared Kushner, Trump's son-in-law and senior adviser—posted to a doctors' Facebook group, asking for suggestions on how the White House should address the outbreak, according to the *Spectator*. The next morning, after hundreds of doctors had replied, Kloss sent Kushner a list of ideas.

Trump's more public efforts weren't faring much better. The same day Kushner was working his kin, Trump and his top advisers huddled in the Oval Office to discuss how to respond to days of losses in the stock market. Azar, Birx and Assistant Secretary for Preparedness and Response Robert Kadlec, among others, presented data on the escalating infection rates inside the U.S. and urged him to restrict travel from Europe. They told Trump that clusters of COVID-19 in New York's Westchester County and in Florida had originated with people traveling from the Continent, according to a senior Administration official with knowledge of the decision. Without consulting his European allies, the President agreed to the plan and his aides hustled to write a speech.

A few hours later, Trump was seated in the Oval Office, delivering his sternest address about the coronavirus outbreak so far. When it was over, he walked with Azar to his private study, but it was already clear the speech had not gone well. European allies were furious, U.S. stock futures plunged more than 5%, and even Trump's former Homeland Security Adviser, Thomas Bossert, seemed flummoxed by the news. "There's little value to European travel restrictions," he tweeted. "Poor use of time & energy." The next day, the Dow Jones and S&P 500 Index tanked 9.5%: Wall Street's worst day since 1987.

AS TRUMP STRUGGLED to find his footing in the crisis, other American leaders were taking action. On March 13, around the time that the President was holding a press conference to declare a national emergency—and yet again telling reporters that he bore no responsibility for his Administration's response—more than 100 mayors of America's largest cities were gathering on a conference call. In the absence of clear federal guidance, they compared notes on how to fight the virus, traded ideas about ending utility cutoffs and discussed who was banning large gatherings and what to do about schools. One mayor on the call told TIME that the leaders whose cities had already been affected by the outbreak had an urgent message for their peers: "You must act now."

The result has been a patchwork of significant but disjointed state and local efforts to combat COVID-19. Washington State, which was hit particularly hard and early, was among the first to declare a state of emergency—two weeks before Trump did so on the national level. "It was more than frustrating that for what seemed like an enormous length of time, we weren't getting information shared right from the White House," Washington Governor Jay Inslee tells TIME. California Governor Gavin Newsom issued sweeping guidelines allowing the state to commandeer hotels to treat coronavirus patients, while Colorado Governor Jared Polis used executive authority to screen visitors to nursing homes.

Ohio Governor DeWine has been among the most proactive. "The advice that we got was: If you wait two more weeks, it's too late," he says. On March 12, he announced that Ohio would be the first state in the nation to close schools statewide for at least three weeks. Two days later, he held separate calls with Ohio veterinarians and dentists, asking them to delay appointments. "They use some of the same personal protection gear that doctors use," DeWine says. "Save the equipment. If you've got extra masks and other things, make those available. We're going to need them before this thing is over."

Over the course of a week, Trump slowly got with the program. A White House official tells TIME that one reason Trump was slow to react was that he was influenced by "economic-focused guys," like Kudlow and Mnuchin. "They are so worried about markets, understandably, they are worried about depressing economic activity," the official said. (Spokespeople for Mnuchin and Kudlow denied either of them stood in the way of a robust White House response.)

On March 16, Trump at last appeared to understand the enormity of the danger facing the American people. He embraced aggressive CDC restrictions on public gatherings, urged national sacrifice and struck a somber tone. Congress, which only five weeks earlier had split along nearly partisan lines to acquit Trump after his impeachment, began sprinting to pass a handful of stimulus packages. On March 18, it overwhelmingly passed a bill that included paid sick leave, unemployment benefits and free coronavirus testing for anyone who needs it.

These actions are positive steps, but even White House officials privately admit they're weeks late. The virus has been rapidly spreading through American communities since January. If we can't slow the infection rate now, our hospitals will be overrun. Health care professionals will be forced to triage patients and ration protective gear, and doctors will have to make heartrending decisions, as they have in Italy, on which patients receive ventilators and which are left without adequate care.

Beyond the health crisis is an economic one. Treasury Secretary Mnuchin warned GOP Senators that unemployment in the U.S. could hit 20% without the Administration's massive stimulus proposal. Even with it, few doubt that thousands of businesses will close, millions of people will be laid off, and millions more will go hungry. "One thing is for sure," says former CDC director Tom Frieden. "It is going to get worse before it gets better."

If Trump seems finally willing to take aggressive measures to limit damage to the country, he remains, as always, focused on his own image as well. At a press conference on March 17, he claimed he had foreseen the potential dangers of coronavirus weeks ago. "I felt it was a pandemic long before it was called a pandemic," the President said.

At some point down the road, there will be time to calculate the cost in U.S. lives and money of Trump's delayed response to the coronavirus. For now, as the country braces itself for what lies ahead, the American people can find solace in the fact that even in the absence of national leadership, they are rising to an extraordinary challenge of confronting this disease together. —*With reporting by* ALANA ABRAMSON, CHARLOTTE ALTER, BRIAN BENNETT, TESSA BERENSON, VERA BERGENGRUEN, KIMBERLY DOZIER, PHILIP ELLIOTT, W.J. HENNIGAN, LISSANDRA VILLA *and* JUSTIN WORLAND/ WASHINGTON ◻

ANALYSIS

HOSPITALS BRACE FOR A PATIENT SURGE

AS ITALIAN HOSPITALS BUCKLED under an influx of patients sick from the novel coronavirus, American medical professionals and public officials looked on with growing alarm. At the current infection rate, the U.S. health care infrastructure could soon be overrun too. "We are not ready," says Dr. Irwin Redlener, director of the National Center for Disaster Preparedness at Columbia University. "We are not ready virtually anywhere in the country for that kind of onslaught on our health care system."

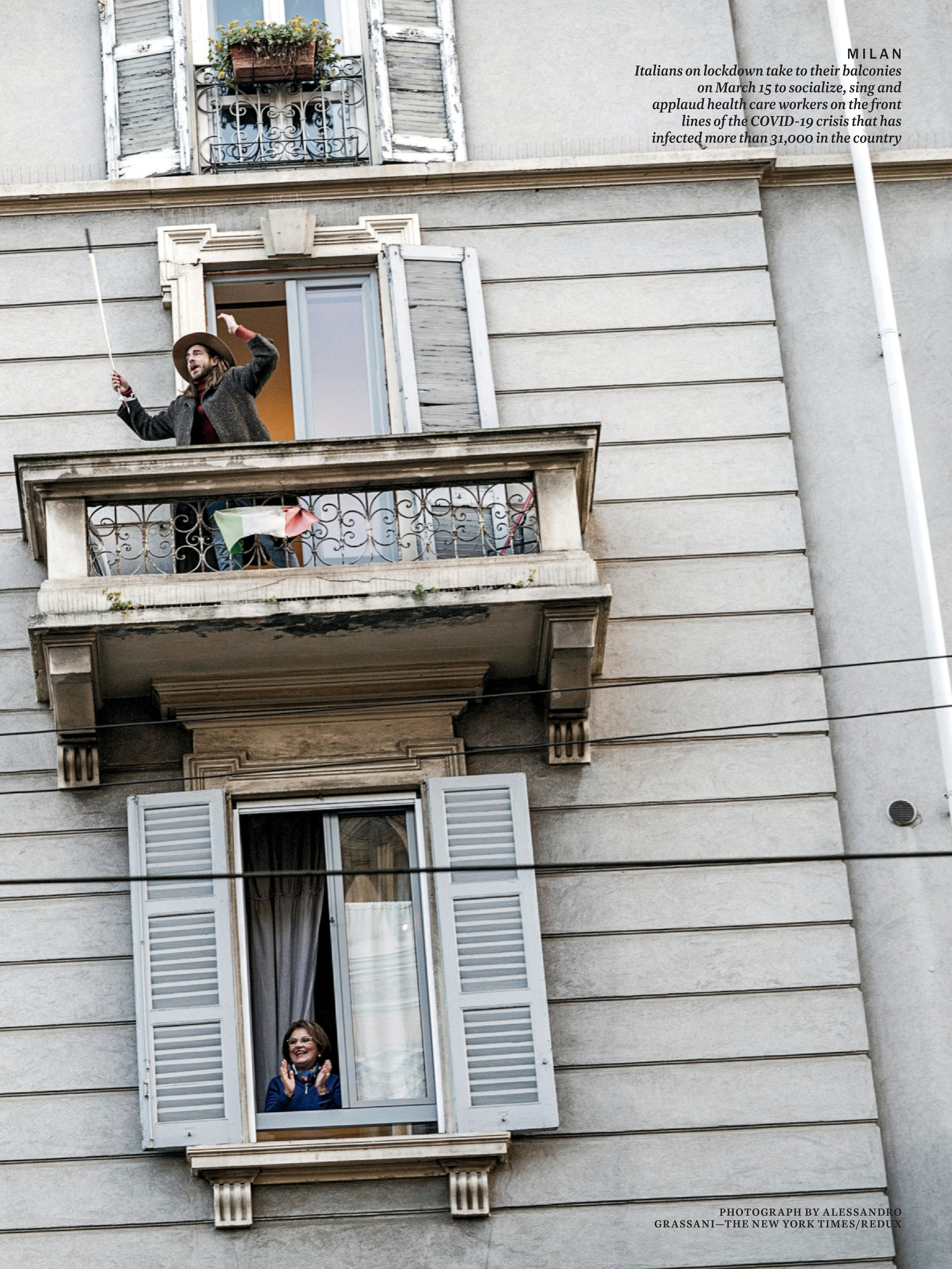
Infections are already widespread in the U.S. Unless the number of new cases is dramatically reduced, U.S. hospitals could easily begin looking a lot like Italy's. If that happens, it would mean that doctors would have to ration lifesaving care.

Dr. James Lawler, an infectious-diseases expert at the University of Nebraska Medical Center, predicted that in the next couple of months there could be as many as 96 million cases of COVID-19 in the U.S. That translates into roughly 1.9 million intensive-care-unit admissions, 4.8 million hospitalizations and 480,000 deaths associated with the virus.

The U.S. has a fraction of the medical facilities, equipment, supplies and staff needed to handle that kind of surge. Redlener estimates there are just 95,000 intensive-care beds in the country. Perhaps more worrisome, a 2010 survey estimated that the U.S. had just 62,000 mechanical ventilators—breathing-assistance machines required to treat severe cases of COVID-19. Even including the ventilators available from the federally managed Strategic National Stockpile, which distributes supplies in a crisis like this one, it's a troublingly low number. (Health and Human Services Secretary Alex Azar said there were "thousands and thousands" of ventilators in the stockpile, but he did not give an exact number, citing national-security concerns.)

Personal protective equipment, like gowns, N95 respirators, surgical masks, gloves and eye protection are also in short supply. "If we don't keep that curve flat, and try to keep the critical cases down to a minimum, we're going to get to a point where we just don't have enough resources," says Dr. John Hick, medical director for emergency preparedness at Hennepin Healthcare in Minneapolis.

Experts also foresee shortfalls in staffing. As frontline health care workers contract the virus, or simply become exhausted from endless hours of work, finding enough doctors, nurses and other medical professionals to care for a surge in patients may become a formidable undertaking. "The biggest challenge is personnel," says Washington Governor Jay Inslee. "So we're bringing in retirees and people who are ready to go, potentially from other states." —*Lissandra Villa*



MILAN

Italians on lockdown take to their balconies on March 15 to socialize, sing and applaud health care workers on the front lines of the COVID-19 crisis that has infected more than 31,000 in the country

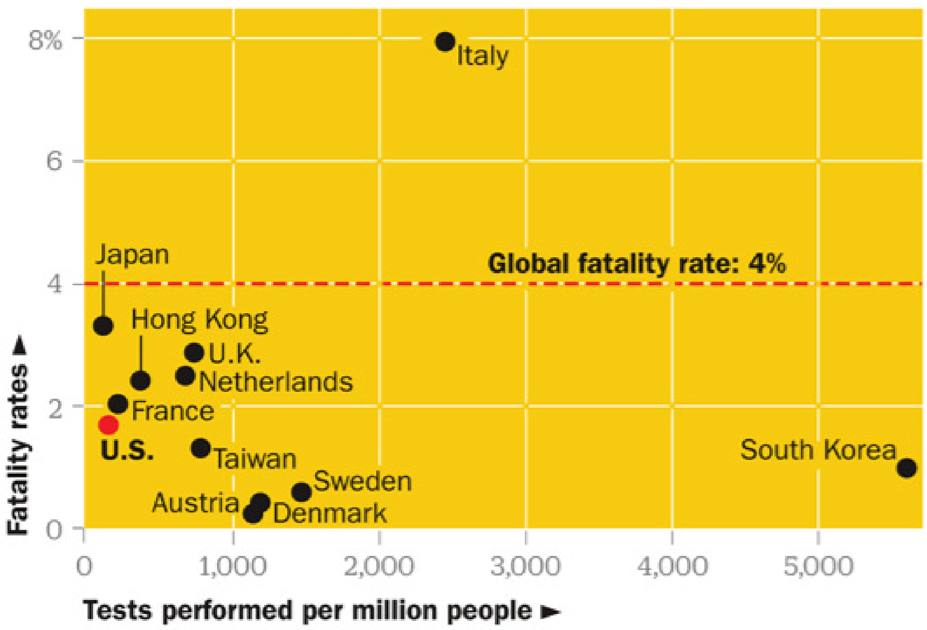
PHOTOGRAPH BY ALESSANDRO GRASSANI—THE NEW YORK TIMES/REDUX

BY THE NUMBERS

BY JAMIE DUCHARME AND ELIJAH WOLFSON

NOBODY HAD EVER SEEN COVID-19 BEFORE IT surfaced in December 2019. So for context, it was often compared to a symptomatically similar disease we know well: the seasonal flu, which infects many people each year but kills only about 0.1% of them on average. It's alarming, then, that as of March 17, COVID-19 has killed about 4% of the nearly 200,000 people who have been diagnosed with the illness around the world. But that estimate may say more about the inherent uncertainty in making these sorts of calculations during an evolving outbreak than it does about the true deadliness of COVID-19. One key reason: people with milder versions of the illness are underrepresented in official case counts, since they may not be sick enough to seek medical attention or realize they have anything more than a cold. That means the total number of reported cases is very likely an underestimate—and that the fatality rate is likely an overestimate.

COVID-19 case fatality vs. testing rates



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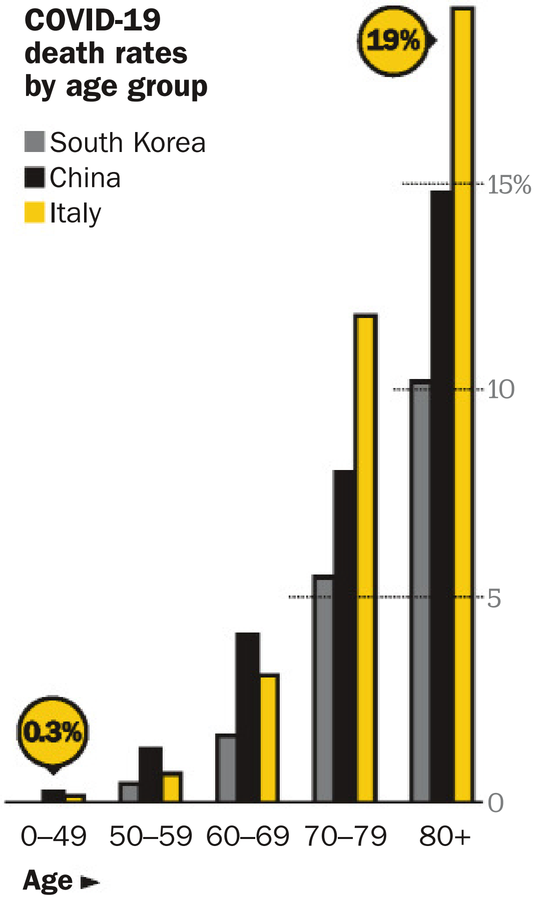
Countries that have tested more people are generally reporting lower fatality rates than those that have tested fewer, and tended to focus on severe cases. The case fatality rate in South Korea, where 5,597 tests had been administered per million residents by March 17, comes out to 0.97%, for example. In Japan, where only 130 tests had been administered per million, the rate is 3.3%. The past few weeks in the U.S. show this trend clearly: on March 5, when the country was testing only 58 per million, the fatality rate was about 5.4%; 12 days later, testing rates nearly tripled, and the fatality rate fell to about 1.7%. The same logic suggests that strikingly low infection rates reported in some of the most crowded parts of the globe—a scant 174 cases among sub-Saharan Africa's 1.1 billion people, for example—reflect poor surveillance more than hope.

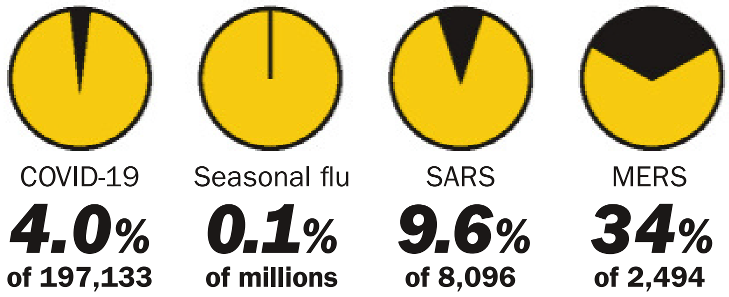
2

Few countries with relatively high testing numbers have reported death rates above 2.5%, but Italy is an outlier. Even with more than 2,400 tests per million, the country is still reporting a case fatality rate close to 8%. One prominent theory points to the fact that, according to the U.N., Italy has the world's second highest median age—and COVID-19 seems especially dangerous for the elderly.

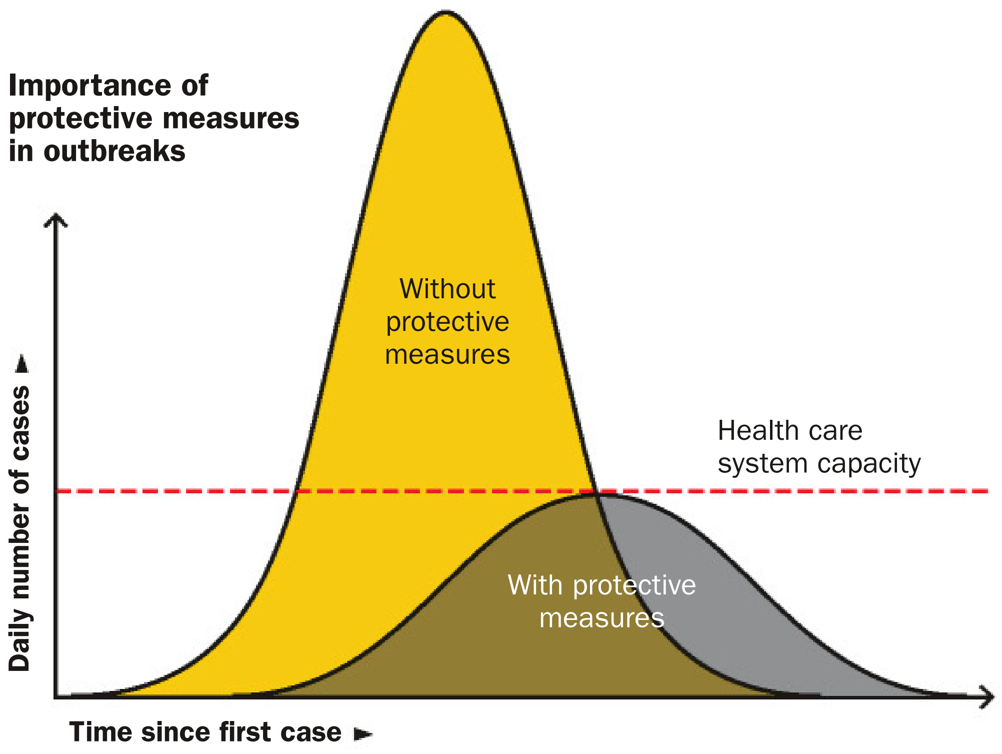


3

Fatalities as a percentage of all cases

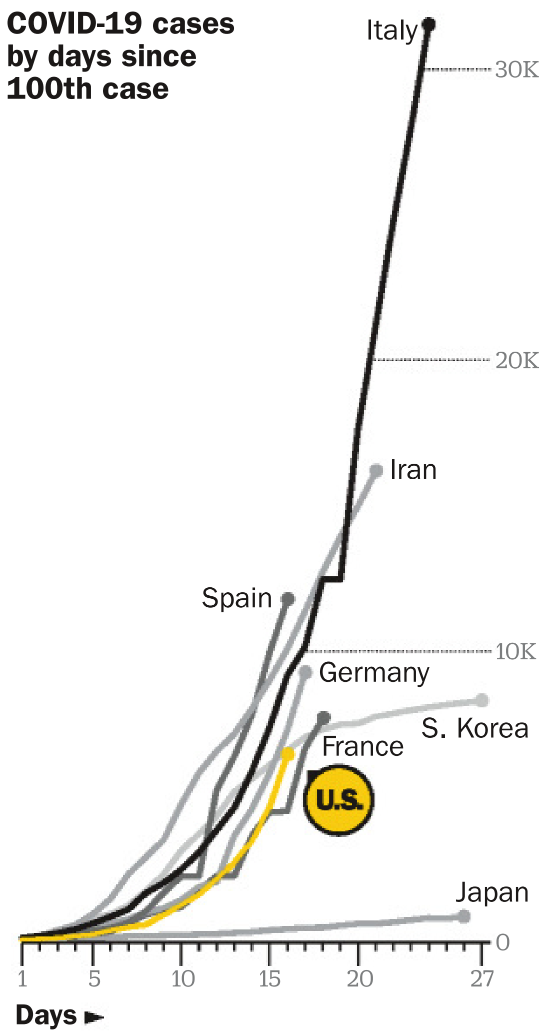


Even when taking the current estimated global case fatality rate of 4% at face value, COVID-19 looks more like influenza than other once novel coronaviruses. Severe acute respiratory syndrome (SARS) killed about 10% of the people who got it, while Middle East respiratory syndrome (MERS) was even deadlier, killing 34% of patients. Of course, there was uncertainty during the height of MERS and SARS too—these numbers are based on epidemiologists' postoutbreak calculations. So far, COVID-19 does seem to be more lethal than the seasonal flu, but it's closer to that end of the spectrum than to previous coronavirus outbreaks.



4 There's at least one critical difference between the seasonal flu and COVID-19: we have a vaccine for the former but not the latter. In the absence of widespread vaccination, the best option is to use aggressive social distancing to "flatten the curve" of the disease as early as possible. The goal is a lengthier outbreak that stays within the bounds of what the system can handle—assuring there's treatment enough to go around.

5



Some countries are succeeding. South Korea, for example, was able to swiftly implement measures like drive-through testing centers, which allowed for wide-scale diagnoses with minimal risk of exposing others. The window for flattening the curve in the U.S. is rapidly closing, but it's still open. The government must do its part in ratcheting up testing capacity and preparing the health care system for the wave of patients surely incoming, but people are not powerless. Individuals, healthy or not, can do their part simply by keeping their distance from others. Temporary isolation may be what's required to help the whole country get through COVID-19, together.

SOURCES BY CHART NUMBER: 1) COUNTRY HEALTH DEPARTMENTS AND JHU CSSE AS OF MARCH 17; 2) KCDC, MARCH 17; CHINA CDC, FEB. 17; ISTITUTO SUPERIORE DI SANITÀ, MARCH 16; 3) WHO (MERS AND SARS); CDC (FLU); JHU CSSE (COVID-19); 4) CDC; 5) JHU CSSE, MARCH 17

ILLUSTRATION BY BROWN BIRD DESIGN FOR TIME

KEY QUESTIONS

Q: SHOULD I BE WEARING A FACE MASK?

A: As COVID-19 spreads across the world, it is clear there are two schools of thought when it comes to face masks. Wearing a mask in public has become the norm for many in Asia, where it is seen as a way to help stop the virus' spread. Governments distribute them, and in Wuhan, China, the epicenter of the outbreak, people are required to wear a mask to go outside.

But in the U.S., their use is discouraged for most. The U.S. Centers for Disease Control and Prevention, in line with World Health Organization recommendations, says only those who are sick or their caregivers should wear masks. Similarly, in Europe, the European Centre for Disease Prevention and Control says masks may even increase infection risk by causing "a false sense of security and increased contact between hands, mouth and eyes."

Many U.S. experts say there is scant evidence that wearing masks benefits the public. They also fear that if everyone starts wearing masks, there won't be enough for health care workers. But many experts in Asia say that wearing a mask can keep a person from inhaling the respiratory droplets of someone else—the main way COVID-19 spreads.

Even before this outbreak, masks were common across East Asia, partly as a result of the 2002–03 outbreak of SARS, which killed nearly 800 people. For many, wearing one has become a symbol of civic duty during an uncertain time.

"If I have a mask on, and if, touch wood, I'm infected, I could cut the chain off where I am," says Cheryl Man, 20, a Hong Kong native in New York City. "That could save a lot of people."

—Hillary Leung/Hong Kong

THE GREATER GOOD

Disease quarantines force us to weigh the needs of others against our own. And the outcome can be ugly

BY JEFFREY KLUGER

Scarcity predictably gives rise to hoarding, denying other people their share of finite goods

TONGUES CLUCKED WHEN WORD GOT OUT THAT a Missouri man whose daughter had tested positive for COVID-19 broke quarantine in early March to attend a father-daughter school dance with her sister. The school was closed the following Monday for a hospital-grade cleaning.

A coronavirus quarantine is not easy. It amounts to two weeks of house arrest for a disease you may not have. Your fortnight of confinement is done entirely in the service of others, protecting them from possible infection. A situation like that causes two of our more primal impulses—selfishness and altruism—to bump up hard against each other. "I think these quarantine issues are going to put many people in a moral conundrum," says Jonathan Haidt, professor of ethical leadership at New York University's Stern School of Business.

Haidt can speak with particular authority. When he talked with TIME, he was in the sixth day of his own 14-day quarantine, having been exposed to the coronavirus by an infected individual during a talk he gave about his new book, *The Coddling of the American Mind.* He plans to honor every day of his viral sentence. But why?

"We all do care about the welfare of other people—although inconsistently," he says. "We also all care about our reputations—very consistently. I would truly feel guilty if I passed the virus on to anybody else. I would feel great shame that people knew that it was me who broke the quarantine."

"Shame is huge," agrees Steven Pinker, professor of psychology at Harvard University and author, most recently, of *Enlightenment Now.* "We carry around in our heads the expectation that anything we do might leak out. It's that public opprobrium for misbehavior that keeps us in line."

But shame can be overcome, and if you're secretive about things, no one even has to know you misbehaved. Yes, you're under quarantine, but you're not under surveillance. If you slip out for dinner, who's going to spot you? Acting altruistically takes some moral muscle.

Haidt identifies three sets of circumstances that tend to drive people and nations toward either selfish or altruistic behavior. The first is some kind of danger from outside: an attack by a common enemy. "That makes people band together," he says. Consider the lines at enlistment centers the morning after Pearl Harbor and the rationing people tolerated during the long span of a four-year war. Consider the similar lines that spontaneously formed at blood-donor centers in New York City on 9/11.

However, when the attack comes not from a human enemy but from a virus or other pathogen, moral stress-cracks form in the community. "Diseases do not bring us together," Haidt says. "They can push us apart because of the nature of contagion."

Fear of infection can mean fear of others, and when combined with ignorance can bring out the sublimely ugly. Think of the shaming and shunning of lepers, of the homophobic hatred given full voice during the early years of the AIDS epidemic.

Third on the list of social stressors is any kind of deprivation—especially in the case of famine or shortage of other basics. "Scarcity and starvation activate the mindset of hoarding and deception and dishonesty," Haidt says. "So when masks are in short supply, many people feel a need to get some."

It's not just masks: whether in the face of a creeping pandemic or a megastorm warning, supermarkets are quickly emptied of staple foods, batteries, and ever and always toilet paper, far more than the circumstances call for in most cases. Since all such

ROGER KISBY—REDUX; ILLUSTRATION BY BROWN BIRD DESIGN FOR TIME

KIRKLAND
PREMIUM
Towel
Now Stronger
12 | 16
ROLLS

resources are finite, the marginal sense of greater security the hoarder achieves by buying out, say, the Band-Aid shelf leaves the next shopper with nothing at all.

The novel coronavirus, of course, ticks both the contagion and scarcity boxes, which is one reason people are behaving badly. And when they do behave badly—like breaking quarantine—there's a social reason too for the tongue-clucking and finger-wagging that follow. "There is a certain amount of social glory that comes from being the punisher," says Pinker.

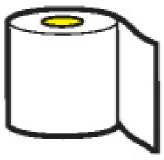
That, of course, is not always fair—much as it might seem to be warranted. Haidt is honoring his quarantine, but he is cognizant that he has it comparatively easy, with a job that allows him to telecommute. "I don't think I'm a good example because for me the cost is minimal," he says. "I think a lot about single parents who have a job and no alternative arrangements. This is going to be hard for them."

The U.S. government is rising—slowly—to the need, debating offering paid leave and other forms of job security for people working paycheck to paycheck at jobs that require their physical presence. A system that doesn't force people to choose between honoring a quarantine and feeding their families will make it easier for more people to make the moral choice.

We can't all be heroes, of course, but when the coronavirus epidemic at last passes into history, it will be to the credit of both individuals and policymakers if we can at least say we did what was right.

KEY QUESTIONS

Q: WHY ARE PEOPLE HOARDING TOILET PAPER?



A: There's nothing quite like the behavior of panicky humans. Let a blizzard approach or a hurricane churn toward shore, and we descend on stores, buying up more batteries, bottled water and canned foods than we could use in a lifetime. We're seeing the same thing now, and of all the products that are being snatched up the fastest, there's one that's in special demand: toilet paper, with reports coming in from all over of runs on the rolls.

What is it about the prospect of an inadequate supply of toilet paper that makes us so anxious? Some of the answer is obvious. Toilet paper has primal—even infantile—associations, connected with what is arguably the body's least agreeable function in a way we've been taught from toddlerhood. Few if any of us remember a time when we weren't acquainted with the product.

"There is comfort in knowing that it's there," says psychologist Mary Alvord, associate professor of psychiatry and behavioral sciences at the George Washington University. "We all eat and we all sleep and we all poop. It's a basic need to take care of ourselves."

We are also exceedingly social creatures, and we count on the community for our survival. People seen as unclean or unwell are at risk of being shunned—which in the state of nature could mean death. "We've gone beyond using leaves," says Alvord. "It's about being clean and presentable and social and not smelling bad."

The coronavirus panic has only made things worse. We know exactly when hurricane or blizzard season is approaching, and stores and supply chains can prepare. No one foresaw the season of corona.

When it comes to stocking up, some basics are replaceable. "If people did not find the food that they wanted, they could buy other food," says Baruch Fischhoff, a psychologist and professor at Carnegie Mellon University. "For toilet paper, there are no substitutes." The need to hoard the one product for which there is no alternative is only exacerbated, he adds, by the fact that it is not clear when the possible shortages will end.

Supply-chain issues likely will be managed, just as the virus will be brought under control—eventually. Until then, humans will be humans and our eccentricities will be our eccentricities. Our panic buying, Alvord says, represents one thing we can control. In an exceedingly uncertain moment, it's at least something. —*J.K.*

IN SICKNESS AND HEALTH

Living with a partner who may have COVID-19 can test a relationship

BY MANDY OAKLANDER

DAYS AFTER RETURNING HOME FROM AN INTERnational trade show in Arizona, Jacob developed a fever and a sore throat so raw it felt like hamburger meat. He could barely sleep or eat. At the doctor's office, "they almost tackled him to get a mask on him when he walked in the door," his wife Caitlin says. "The doctor told us it might be COVID-19."

That possibility put Caitlin in an impossible situation. "I'm not supposed to be near him because he's sick, but he couldn't take care of himself," she says. So she swallowed her anxiety, armed herself with disinfecting wipes and became living proof of love in the time of coronavirus. (To protect the small businesses they work for, the couple, who are both 33, didn't want their last names used.)

For the next few weeks, Caitlin woke up early every day to force Jacob to eat and drink enough that he wouldn't get dehydrated, and returned to their house in Colorado Springs on her lunch break to do it again. Jacob took trips to the bathroom to have coughing fits, which would sometimes make him vomit; she wiped down the toilet with disinfectant. She worried constantly. She did laundry constantly. And she did it all without masks, which had long ago sold out. Caitlin struggled to keep her distance. "We haven't kissed since he got sick," says Caitlin. "I sneak up behind him and give him hugs from behind. We hand-sanitize and hold hands."

The U.S. Centers for Disease Control and Prevention offers guidance for people taking care of loved ones who have or are suspected to have COVID-19, but the reality is often messier than the guidelines allow. The sick person should stay in a dedicated room and use a bathroom that needn't be shared. (What if there's no spare?) Caretakers should clean counters, doorknobs, toilets, phones and keyboards every day—and they should always wear a face mask and gloves (good luck finding these now) when in contact with a sick person's bodily fluids.

When Rowan Tekampe, a 30-year-old mortician, found out they may have been exposed to COVID-19 during a recent hospital stay in Sarasota, Fla., their fever, cough, shortness of breath and body aches suddenly seemed more serious. They weren't able to get tested at that point, but their doctor said their symptoms sounded like COVID-19 and recommended they go into quarantine.

They sat down with their wife Emily Tekampe, who is recovering from cancer, and told her she needed to leave their apartment and stay with her dad for a while. "We've been together for 11 years, and we haven't really been apart," Rowan says. "But if you're with someone whose immune system is compromised, you can't take that risk." Emily didn't want to leave. "Your first instinct is to take care of your spouse," she says. "They're sick and weak. How can they take care of themself?" But Rowan wouldn't take no for an answer.

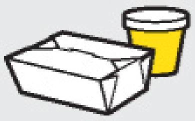
They've been apart for weeks now, but Emily makes Rowan text her their temperature every hour. The couple FaceTimes constantly. "If I didn't have the ability to video-chat with them, I don't know what I would do," Emily says. "It's really terrifying to leave somebody like that when they're sick."

Joe Faraldo, a personal-injury attorney and senior citizen, was friends with the man who became New Jersey's first fatality from the new coronavirus. He still doesn't know why he recently fell ill with a fever and cough, and is awaiting his COVID-19 test results. In the meantime, he and his wife have holed up in their Queens, N.Y., apartment. "We're not going out of this building for anything," he says. Faraldo's wife wears a mask and wakes him up every three hours to take Tylenol. She changes the sheets when he sweats through them. She makes soup.

"I told her she shouldn't be sleeping in the bed, and finally she listened," Faraldo says. As for her own health, "she's not concerned. She's just worried about me."

KEY QUESTIONS

Q: IS IT ETHICAL TO ORDER TAKEOUT?



A: In a time of lockdowns and quarantines, even when we're trying to behave well, there are many moral conundrums that present themselves. TIME spoke to Arthur Caplan, director of the Division of Medical Ethics at New York University's Grossman School of Medicine, about one prominent moral dilemma associated with the coronavirus.

If I'm a young, healthy person and my city has not shut down entirely yet, should I stay in as part of social distancing or should I go out, support local businesses and tip well at restaurants?
You should stay in. If you want restaurant food, order out and tip generously that way. You should not be sitting in groups in public places. Remember, even if you're young and healthy, you're still at risk of turning into a disease vector who could infect others. Merely getting to the restaurant may have required a bus or an Uber, which could expose you to the virus. The businesses can take the two- or three-week shutdown better than Grandma can take the virus.

But isn't ordering takeout unethical too? After all, I'm contributing to the delivery person's being exposed to me and to others.
I think you can still order; just have the delivery person leave the food at the door and go. That's the protocol now. Don't exchange paper money; don't have any physical contact. This is one reason it's good to order online and have everything paid by credit card or otherwise electronically.

—*Jeffrey Kluger*

JUDITH HAEUSLER—GETTY IMAGES; ILLUSTRATION BY BROWN BIRD DESIGN FOR TIME

A FAMILY'S IMPOSSIBLE CHOICE

ESSAY

BY NICOLE CHUNG

LIKE MANY OTHERS, I've spent weeks stressing over which supplies to stock up on, how we'll manage if we're asked to shelter in place, what to tell my kids. But the most gut-wrenching decision I've faced, by far, is whether to travel across the country to see my sick and immunocompromised mom, potentially exposing her to a virus from which she might not recover.

Months after my dad's death in 2018, my mom was diagnosed with cancer. She was in remission for a short time, but then it came roaring back, Stage IV. For months, we've gotten nothing but terrible news—the cancer is everywhere; it's not responding well to chemotherapy—but at least, I've been able to tell myself, we can see each other.

Then came COVID-19. When I first spoke to my doctor, she said I'd probably be fine to travel, despite my asthma. But now community transmission has begun, and every day brings what feels like a month's worth of bad news.

My mom lives in a town of about 5,000 people, hours from the closest major outbreak, and she doesn't go out much. She is in a "stable period," according to her care team. If I go to see her, carrying germs—no matter how careful I try to be, how many times I wash my hands—I might be the one to compromise her fragile, hard-won stability. How do you weigh such an enormous health risk, one that isn't solely or even primarily your own?

If my mother didn't have a terminal diagnosis, I wouldn't even consider traveling; I know staying home will help suppress the spread of the virus, while traveling could endanger the health of others. But I don't know how many more chances I'll have to see my mom, and no one knows how long the pandemic will last. My kids ask every day if we're going to visit Grandma soon, and all I can tell them is, "I hope so."

It seems we're all afraid in this moment; it's hard not to be. I'm afraid of so many things, especially the suffering of people I love and a world without my mom. Even after my father died, I assumed my mother would live to see my hair turn gray, my kids grow up. It's devastating to know that I will lose her far earlier than I ever imagined. And now it feels as though my need to see her is in direct conflict with my wish for her to stay comfortable, stay alive for as long as possible.

Of all the drastic changes the new coronavirus has wrought, this is the hardest for me to accept.

Chung is the author of the memoir All You Can Ever Know

AFTER THE MELTDOWN

As the economy craters, workers and business owners wonder if any stimulus package can save them

BY ALANA SEMUELS/SAN FRANCISCO

Sorry We're
CLOSED
DUE TO COVID-19
We care about your well-being

Businesses like this San Francisco restaurant are being forced to close as social distancing to avoid COVID-19 takes hold

SONIA BAUTISTA WAS LIVING PAYCHECK TO PAYCHECK in one of the most expensive regions of the country when the coronavirus hit, and her finances went from bad to disastrous. Her employer, the Palace Hotel in San Francisco, a four-star luxury property owned by Marriott, told her that business had slowed and it didn't need her anymore, just when her husband had his job in a hotel cafeteria cut from five days a week to two. "I don't know how I'm going to pay the rent," says Bautista.

Workers and businesses across the country are in similarly dire straits as consumers practice social distancing to prevent the spread of COVID-19 and follow recommendations—and, in some cases, orders—to stay home.

Bars and restaurants are seeing business slow to a halt, hotels and event venues are experiencing massive cancellations, theme parks are shutting down, and airlines are slashing flights. Economists say the sudden stop in spending could strike a bigger blow to the global economy than the terrorist attacks of Sept. 11, 2001, since nobody knows when it will be safe for people to go out again. Compounding the crisis is the hit to the service sector. In past downturns, people continued to get haircuts and eat out, but since most service jobs cannot be done remotely, the sector is in peril. "The next two weeks are going to see a very sharp increase in unemployment," says Michael Hicks, an economist at Ball State University who calculates that 1 in 6 U.S. workers—almost 17%—is at risk of being laid off.

The economic crash is hitting hourly workers who get paid only if they show up to work, but it's also creating a quandary for small businesses whose income has dried up while bills continue to roll in. "Restaurants, theaters, bars—all of us run on a very thin margin," says Dan Williams, executive director of PianoFight, a San Francisco arts venue, restaurant and bar with 25 part-time employees. "We were hoping to make money this week to pay for things we already bought." But PianoFight's restaurant revenue dropped 85% during the second week of March, and its theater revenue dropped 95%, Williams says. He and his three co-owners launched a crowdfunding campaign on PayPal to ask for donations, saying they needed to raise at least $50,000 to survive the next four weeks. Williams and his co-owners worry that they'll need to take out a loan to keep the business afloat, but with the uncertainty around the coronavirus, they're worried about the ability to repay it.

Countries around the world are already experiencing a significant contraction in economic activity that will likely last through the first half of the year. JPMorgan economists predicted that the U.S. economy would shrink by 4% in the first quarter and as much as 14% in the second quarter, while the economy of the 19 nations using the euro would contract by 15% in the first quarter and 22% in the second. Economic activity will start to expand again in the second half of the year, they said—even sooner in China as life there starts to normalize.

"I'm most concerned about the sudden stop in the economy and the fact that businesses are being required to shut down," says Mark Zandi, chief economist at Moody's Analytics. "Many small businesses across the country have no cash cushion."

The pain is spread across industries. Powell's Books, a beloved Portland, Ore., bookstore, said it was laying off some workers permanently; MGM Resorts International said furloughs and job cuts would begin soon; truckers at the Port of Los Angeles lost their jobs as international trade slowed. Dozens of TV shows and films have halted production, leaving people like Zoltan Olgyay, a Los Angeles–area set builder for HBO's *Barry*, jobless. Normally if a show shut down, Olgyay, a 30-year veteran of the industry, would just find another show, but “not this time,” he says, since so many have suspended production.

Many workers share his feeling that there’s nowhere to turn. The majority of those who have been furloughed are hourly workers who were already just scraping by; 40% of Americans would have trouble covering an unexpected $400 expense, according to a survey by the Federal Reserve. The U.S. House passed a bill March 14 giving some workers two weeks of paid sick leave, but advocates say that’s no longer enough. “We have workers really worried about survival right now,” says Saru Jayaraman, a co-founder and the president of the Restaurant Opportunities Centers United. The dislocations are stressful enough for workers without savings, but they also put at risk many workers whose health insurance is contingent on working a certain number of hours. This includes Bautista—through an agreement between her union, Unite Here Local 2, and Marriott, she’s covered only if she works at least 48 hours a month. (Marriott did not return a request for comment.)

Some companies with hourly employees, including Amazon, Apple, Google, Facebook, Microsoft, Twitter and Disney, are pledging to pay them even if their services are not needed. But many small businesses don’t have that luxury. “Anyone who hustles like me has zero income right now,” says Rose Mendez, a New Yorker who rents out a second room in her apartment on Airbnb, waitresses at a restaurant and does voice-over work.

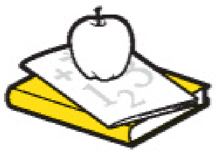
Economists say the best way to prevent a prolonged recession is with a major stimulus package to help workers and small businesses. Zandi, of Moody’s, recommends $1,000 cash payments to workers and Social Security recipients, and forbearance of loan and mortgage payments.

During the last recession, there wasn’t enough attention paid to people who found themselves faced with huge bills and had to file for bankruptcy or go deep into debt, says Ramin Toloui, an Assistant Secretary in the Treasury during the Obama Administration and now a professor of practice in international finance at the Stanford Institute for Economic Policy Research. Policymakers should make sure that doesn’t happen again, he says. “The country is being affected by a sudden shock that is preventing people from going to work and getting paid,” Toloui says. “Logically, we shouldn’t expect everyone to make their debt payments in a timely way.”

But small-business owners and workers wonder whether checks to individuals will be enough to prevent their finances from being irreparably harmed if people can’t venture out. “If people get $1,000 but can’t leave their house,” Williams, of PianoFight, says, “what good is that?” □

KEY QUESTIONS

Q: HOW DO I KEEP MY KIDS BUSY AND LEARNING?



A: As millions of children are displaced from their schools because of the coronavirus, a subcrisis has arisen for parents: What will the kids do all day? The secret is one that schools know well: Make a routine. Kids are used to following a schedule, so actually map out how the days will look at home. The goal is to keep kids busy and learning while allowing you to get things done too.

1. Start with their school routine
Use school as the framework. When is your child used to having breakfast? Snack? Lunch? Break the day into chunks, as schools do. If your child has schoolwork, do they work best in the morning or the afternoon?

2. Dedicate time for play
When children are imagining, creating, building or inventing, they are also learning. In your new schedule, add 15- to 30-minute blocks (more or less, depending on your child’s age and play development) of child-led play.

Weed out the broken toys. Move the “open-ended” ones to the front: toys that sing and talk won’t hook your child as well as simple toys like blocks and dolls. And limit adult involvement: kids need to play independently (which doesn’t mean unsupervised). Agree to join sometimes, but don’t feel bad if you decline.

3. Schedule some easy indoor activities
They do not need to be complicated. Take “box road,” for instance: all you do is flatten a box and draw a road in marker. Add blocks, trucks and other toys for kids to build a city. Or a “toy-washing bin”: let your kids wash their plastic toys. Add tear-free bubbles, sponges and towels.

4. Build in reading
Fifteen to 20 minutes a day is a good place to start. Consider structuring this block in a few ways: parent reads aloud, child reads aloud, and family silent-reading time. And don’t fret about the schedule if your kid wants more time. There’s no such thing as too much reading.

5. Make a screen-time routine
Have a set time so kids know when to expect screen time and for how long. Outside of the scheduled time block, use screens only for big moments, like when you have a work call or dinner prep isn’t going well.

Even with a perfect schedule, you’ll still have days when you can’t muster the energy to come up with a simple activity. It’s O.K. Do what you need to do to get through the day. You’ll have your routine to go back to after that.

Susie Allison is the author of Busy Toddler’s Guide to Actual Parenting

JUSTIN SULLIVAN—GETTY IMAGES; ILLUSTRATION BY BROWN BIRD DESIGN FOR TIME

PREVENTING THE NEXT PANDEMIC

How public health can use new technology to get ahead of future outbreaks

BY ALICE PARK

Battling a pandemic as serious as COVID-19 requires drastic responses, and political leaders and public-health officials have turned to some of the most radical strategies available. What began with a lockdown of one city in China quickly expanded to the quarantine of an entire province, and now entire countries including Italy. While social isolation and curfews are among the most effective ways to break the chain of viral transmission, some health experts say it's possible these draconian measures didn't have to become a global phenomenon. "If health officials could have taken action earlier and contained the outbreak in Wuhan, where the first cases were reported, the global clampdown could have been at a much more local level," says Richard Kuhn, a virologist and professor of science at Purdue University.

The key to early response lies in looking beyond centuries-old strategies and incorporating methods that are familiar to nearly every industry from banking to retail to manufacturing, but that are still slow to be adopted in public health. Smartphone apps, data analytics and artificial intelligence all make finding and treating people with an infectious disease far more efficient than ever before.

"The connectivity we have today gives us ammunition to fight this pandemic in ways we never previously thought possible," says Alain Labrique, director of the Johns Hopkins University Global mHealth Initiative. And yet, to date, the global public-health response to COVID-19 has only scratched the surface of what these new containment tools offer. Building on them will be critical for ensuring that the next outbreak never gets the chance to explode from epidemic to global pandemic.

Consider how doctors currently detect new cases of COVID-19. Many people who develop the hallmark symptoms of the disease—fever, cough and shortness of breath—physically visit a primary-care doctor, a health care provider at an urgent-care center or an emergency room. But that's the last thing people potentially infected with a highly contagious disease should do. Instead, health officials are urging them to connect remotely via an app to a doctor who can triage their symptoms while they're still at home.

"The reality is that clinical brick-and-mortar medicine is rife with the possibility of virus exposure," says Dr. Jonathan Wiesen, founder and chief medical officer of MediOrbis, a telehealth company. "The system we have in place is one in which everyone who is at risk is potentially transmitting infection. That is petrifying." Instead, people could call a telemedicine center and describe their symptoms to a doctor who can then determine whether they need COVID-19 testing—without exposing anyone else.

In Singapore, more than a million people have used a popular telehealth app called MaNaDr, founded by family physician Dr. Siaw Tung Yeng, for virtual visits; 20% of the physicians in the island country offer some level of service via the app. In an effort to control escalating cases of coronavirus there, people with symptoms are getting prescreened by physicians on MaNaDr and advised to stay home if they don't need intensive care. Patients then check in with their telehealth doctor every evening and report if their fever persists, if they have shortness of breath or if they are feeling worse. If they are getting sicker, the doctor orders an ambulance to take those people to the hospital. Siaw says the virtual monitoring makes people more comfortable about staying at home, where many cases can be treated, instead of flooding hospitals and doctors' offices, straining limited resources and potentially making others sick. "This allows us to care across distance, monitor patients across distance and assess their progression across distance," says Siaw. "There is no better time for remote care monitoring of our patients than now."

YANGJI HOSPITAL
감염 안전 진료부스

A woman consults a nurse at a walk-up COVID-19 testing booth outside Yangji Hospital in Seoul

ED JONES—AFP/GETTY IMAGES

Other at-home devices and services currently being used in the U.S. allow patients to measure dozens of health metrics like temperature, blood pressure and blood sugar several times a day, and the results are automatically stored on the cloud, from which doctors get alerts if the readings are abnormal.

Telemedicine also serves as a powerful communication tool for keeping hundreds of thousands of people in a specific region up to date with the latest advice about the risk in their communities and how best to protect themselves. That can go a long way toward reassuring people and preventing panic and runs on health centers and hospitals.

Beyond individual-level care, the data gathered by telemedicine services can be mined to predict the broader ebb and flow of an epidemic's trajectory in a population. In the U.S., Kaiser Permanente's telemedicine call centers are now also serving as a bellwether for an anticipated surge in demand for health services. Dr. Stephen Parodi, national infectious-disease leader at Kaiser Permanente, was inspired by a Google project from a few years ago in which the company created an algorithm of users' flu-related search terms to determine where clusters of cases were mounting. Parodi started tracking coronavirus-related calls from the health system's 4.5 million members in Northern California in February. "We went from 200 calls a day to 3,500 calls a day about symptoms of COVID-19, which was an early indicator of community-based transmission," he says. "Our call volume was telling us several weeks before the country would have all of its testing online that we have got to plan for a surge in cases."

On the basis of the swell in calls nationwide, the hospital system is considering suspending elective surgeries based on local circumstances, in part to ensure that ventilators and other critical equipment would be available for an anticipated influx of COVID-19 patients with severe symptoms. Kaiser doctors also postponed appointments for routine mammograms and other cancer-screening tests and cut back on in-person appointments by turning most noncritical visits into virtual visits.

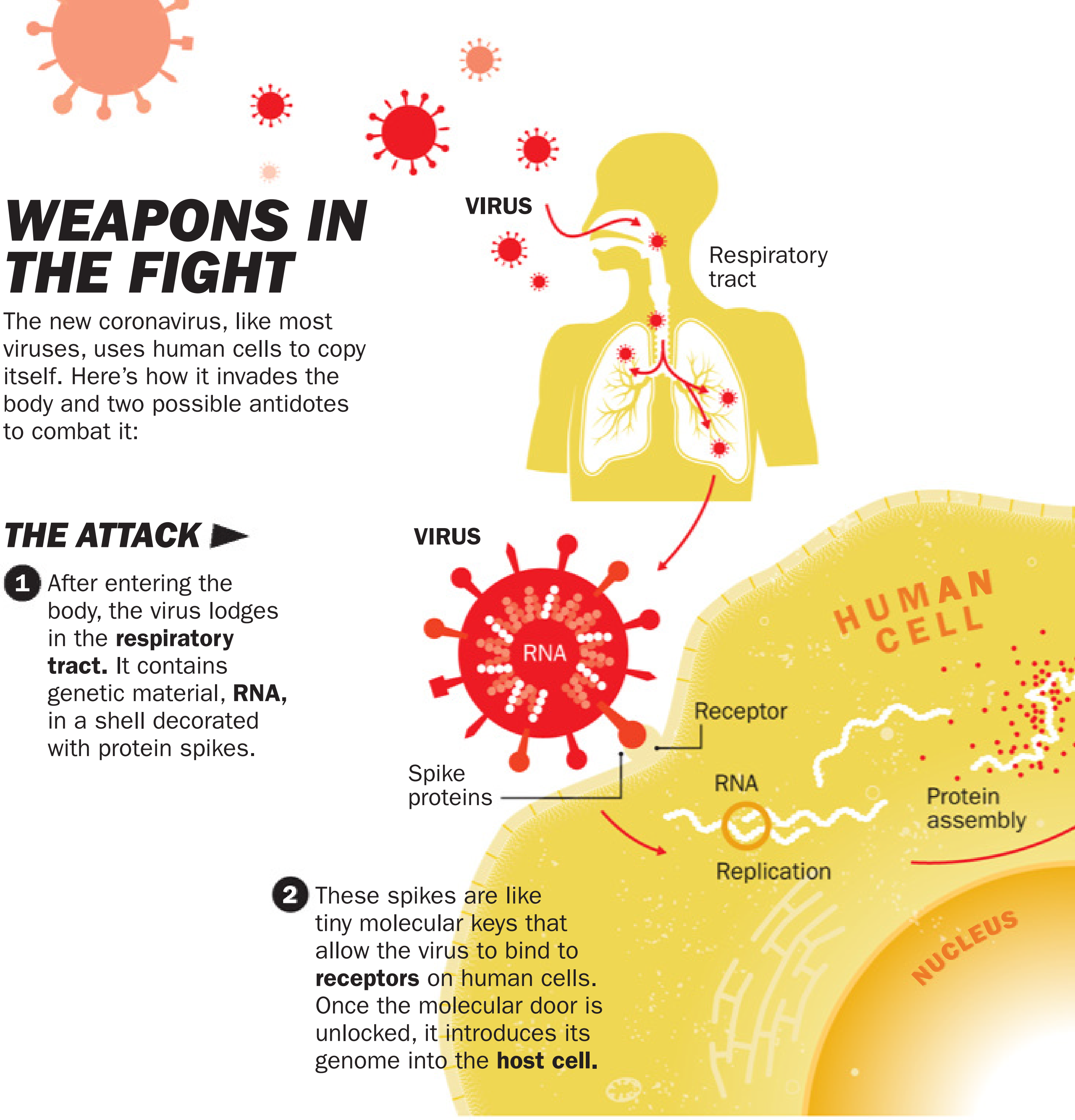
The COVID-19 pandemic may be the trial by fire that telemedicine finally needs to prove its worth, especially in the U.S. Despite the fact that apps and technology for virtual health visits have existed for several decades, uptake in the country has been slow. Medicare only recently began reimbursing for telemedicine visits at rates comparable to in-person visits, and states have just begun to relax licensing regulations that prevent doctors in one state from remotely treating patients in another state. “This pandemic is almost like us crossing the Rubicon,” says Wiesen of MediOrbis. “It’s a clarion call for America and for the world on how important telemedicine is.” Parodi agrees. “I think this pandemic will bring in a fundamental change in the way we practice medicine and in the way the health care system functions in the U.S.,” he says. “We’re going to come out of this and realize a lot of health care visits don’t have to be in person.”

OTHER TECH INNOVATIONS that haven’t fully made their way to the public-health sector could also play a critical role in controlling this pandemic—and future outbreaks. Taking a closer look at health-related data, such as electronic health records or sales of over-the-counter medications, can provide valuable clues about how an infectious disease like COVID-19 is moving through a population. Retail drugstores track inventory and sales of nonprescription fever reducers, for example, and any trends in those data might serve as an early, albeit crude, harbinger of growing spread of disease in a community. And given the proliferation of health-tracking apps on smartphones, analyzing data trends like a rise in average body temperature in a given geographical area could provide clues to emerging clusters of cases.

Geotracking on phones, while controversial because of privacy issues, can also streamline the tedious task of contact tracing, in which scientists try to manually trace infected patients’ whereabouts to find as many people with whom they had direct contact and who could have been infected. In South Korea, this strategy helped identify many of the contacts of members of a Seoul church that formed the first major cluster of infections in the country. In countries with a less robust health care infrastructure, smartphones can be critical for gathering information about emerging infections on the ground. In Bangladesh, says Labrique, programs created to canvass for noncommunicable diseases like hypertension and diabetes are now being modified to include questions about COVID-19 symptoms. These types of real-time data can rapidly provide a snapshot of where and how fast the disease might be spreading, to distribute health care workers and

WEAPONS IN THE FIGHT

The new coronavirus, like most viruses, uses human cells to copy itself. Here’s how it invades the body and two possible antidotes to combat it:



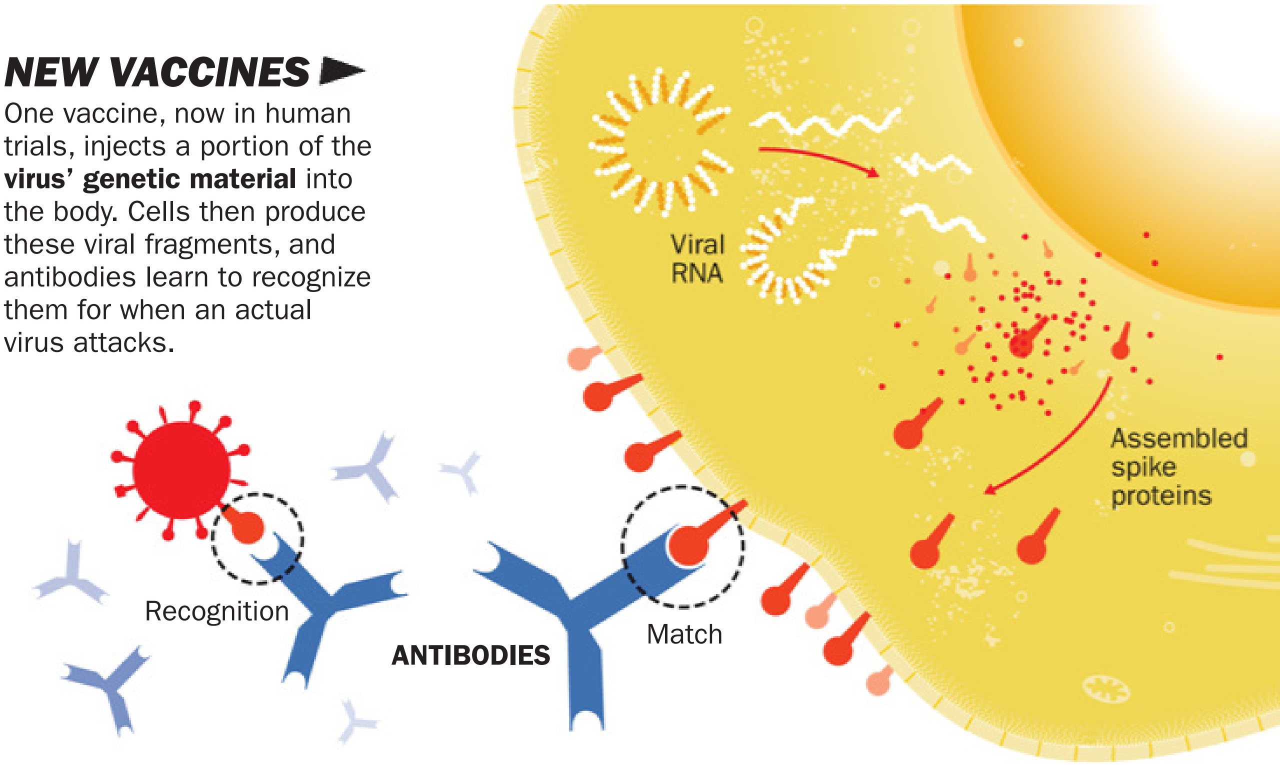
THE ATTACK ►

① After entering the body, the virus lodges in the **respiratory tract.** It contains genetic material, **RNA,** in a shell decorated with protein spikes.

② These spikes are like tiny molecular keys that allow the virus to bind to **receptors** on human cells. Once the molecular door is unlocked, it introduces its genome into the **host cell.**

NEW VACCINES ►

One vaccine, now in human trials, injects a portion of the **virus’ genetic material** into the body. Cells then produce these viral fragments, and antibodies learn to recognize them for when an actual virus attacks.

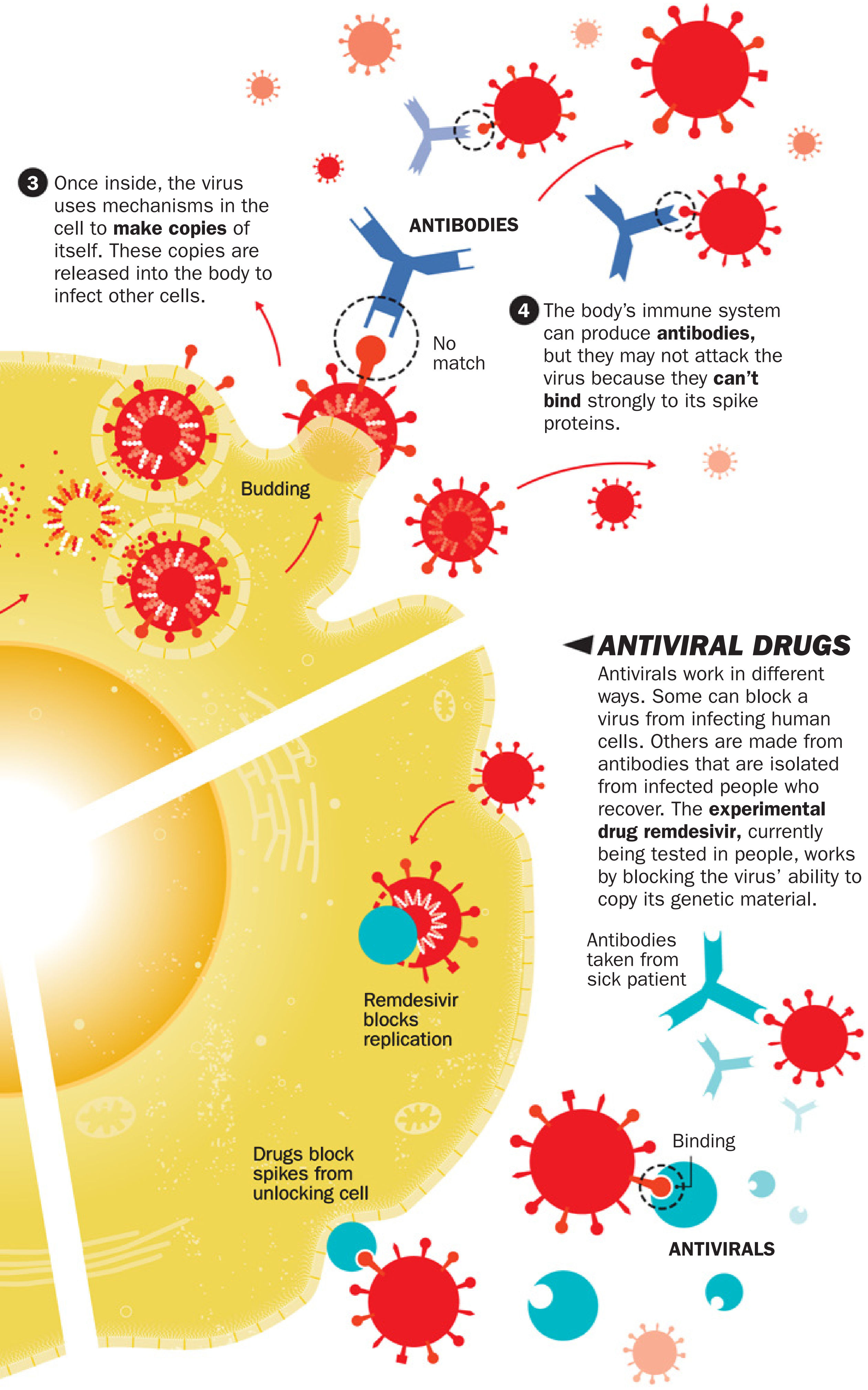


TECHNOLOGY SOLUTIONS

Fighting a pandemic requires both tried-and-true methods like quarantines and more modern digitally based strategies.

TELEHEALTH
Doctors can diagnose and evaluate patients remotely so possibly contagious people don’t spread infections in hospitals or office waiting rooms.

SMARTPHONES
In low-resource countries, health workers can rely on smartphones to collect data that provide real-time tracking of new cases.


ANTIBODIES
No match
Budding
Remdesivir blocks replication
Antibodies taken from sick patient
Binding
Drugs block spikes from unlocking cell
ANTIVIRALS

③ Once inside, the virus uses mechanisms in the cell to **make copies** of itself. These copies are released into the body to infect other cells.

④ The body's immune system can produce **antibodies,** but they may not attack the virus because they **can't bind** strongly to its spike proteins.

◀ ANTIVIRAL DRUGS

Antivirals work in different ways. Some can block a virus from infecting human cells. Others are made from antibodies that are isolated from infected people who recover. The **experimental drug remdesivir,** currently being tested in people, works by blocking the virus' ability to copy its genetic material.

REMOTE MONITORS
Devices like Heal Hub let homebound patients use dozens of apps to measure health metrics and alert their doctors if the readings are abnormal.

CHAT BOTS AND CALL CENTERS
Trends in the types of questions people ask can signal a surge in cases and the need to scale up additional health resources.

ARTIFICIAL INTELLIGENCE
AI algorithms can pick up new risk factors for infection as well as identify the most effective ways to treat symptoms.

TIME GRAPHIC BY EMILY BARONE AND LON TWEETEN

equipment where they're needed most.

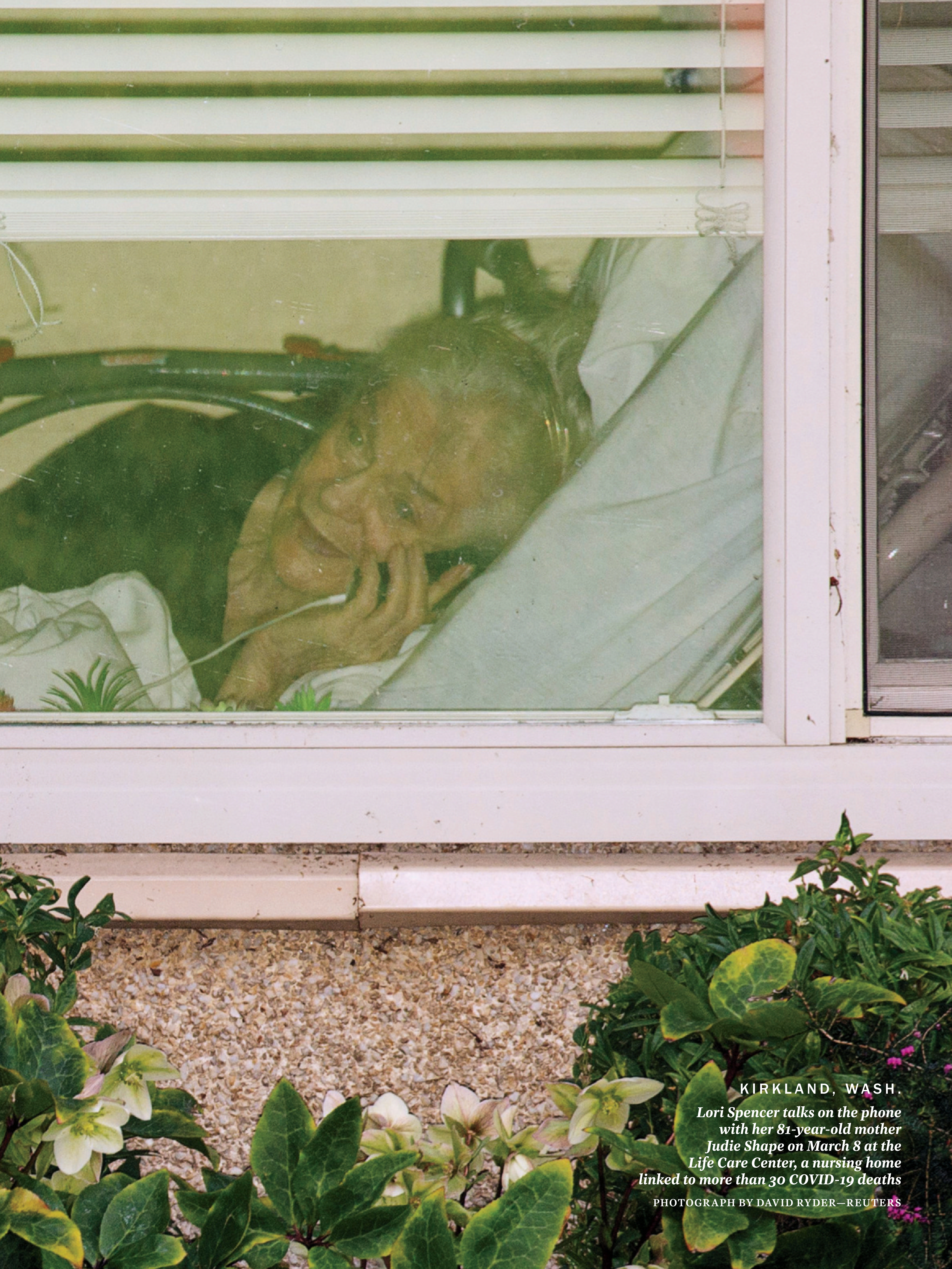
It's all about catching these cases as early as possible, to minimize the peak of a pandemic so the health system doesn't get overwhelmed. But it's not just about seeing the trends. Flattening the surge of an infectious disease also requires action, and that's where the advice gets muddier—but also where Big Data and artificial intelligence (AI) can provide clarity.

By deeply analyzing the care that every COVID-19 patient receives, for example, AI can tease out the best treatment strategies. Jvion, a health care analytics company, is using AI to study 30 million patients in its data universe to identify people and communities at highest risk of COVID-19 on the basis of more than 5,000 variables that include not just medical history but also lifestyle and socioeconomic factors such as access to stable housing and transportation. Working with clients that include large hospital systems as well as small remote health centers, Jvion's platform creates lists of people who should be contacted proactively to warn them about their vulnerability so health providers can create a care plan for them.

In the case of COVID-19, that might include social distancing and avoiding large public gatherings. To help public-health departments better prepare communities for this and future outbreaks, the company has communicated with the U.S. Centers for Disease Control and Prevention to share what it has learned.

Privacy issues, however, nest in every single byte of data about a person's health. So the power of AI methods in controlling outbreaks depends on how effectively data can be anonymized. Only when people are assured of privacy can algorithms help to navigate the next big hurdle: predicting surges in cases that strain health care personnel and availability of supplies like ventilators, masks and gowns.

If COVID-19 teaches public-health officials one thing, it's that there are now tools available to help contain an infectious disease before radical measures like quarantines and curfews are needed. "What we were doing 10 years ago and what we are doing now is vastly different," says Wiesen. "There is a tremendous opportunity here, and hopefully by [the next pandemic], the use of technology and data analytics is going to be light-years ahead of where it is today." ☐



KIRKLAND, WASH.

Lori Spencer talks on the phone with her 81-year-old mother Judie Shape on March 8 at the Life Care Center, a nursing home linked to more than 30 COVID-19 deaths

PHOTOGRAPH BY DAVID RYDER—REUTERS

VIEWPOINT

DISEASE IN A WORLD WITHOUT A LEADER

Humanity needs trust and cooperation to fight the pandemic

BY YUVAL NOAH HARARI

MANY PEOPLE BLAME THE CORONAvirus epidemic on globalization and say the only way to prevent more such outbreaks is to deglobalize the world: build walls, restrict travel, reduce trade. However, while short-term quarantine is essential to stop epidemics, long-term isolationism will lead to economic collapse without offering any real protection against infectious diseases. Just the opposite. The real antidote to epidemics is cooperation.

Epidemics killed millions of people long before the current age of globalization. In the 14th century, there were no airplanes or cruise ships, and yet the Black Death spread from East Asia to Western Europe in little more than a decade, killing at least a quarter of the population. In 1520, Mexico had no trains or even donkeys, yet it took only a year for a smallpox epidemic to decimate up to a third of its inhabitants. In 1918, a particularly virulent strain of flu managed to spread within a few months to the remotest corners of the world. It infected more than a quarter of the human species and killed tens of millions.

In the century that passed since 1918, humankind has become ever more vulnerable to epidemics, because of a combination of growing populations and better transport. Today a virus can travel business class across the world in 24 hours and infect megacities of millions. We should therefore have expected to live in an infectious hell, with one deadly plague after another.

However, both the incidence and impact of epidemics have actually gone down dramatically. Despite horrendous outbreaks such as AIDS and Ebola, epidemics kill a far smaller proportion of humans in the 21st century than in any previous time since the Stone Age. This is because the best defense humans have against pathogens is not isolation; it is information. Humanity has been winning the war against epidemics because in the arms race between pathogens and doctors, pathogens rely on blind mutations while doctors rely on the scientific analysis of information.

During the past century, scientists, doctors and nurses throughout the world have pooled information and together managed to understand both the mechanism behind epidemics and the means of countering them. The theory of evolution explained why and how new diseases erupt and old diseases become more virulent. Genetics enabled scientists to spy on the pathogens' own instruction manual. Once scientists understood what causes epidemics, it became much easier to fight them. Vaccinations, antibiotics, improved hygiene and a much better medical infrastructure have allowed humanity to gain the upper hand over its invisible predators.

WHAT DOES THIS HISTORY teach us for the current coronavirus epidemic? First, it implies that you cannot protect yourself by permanently closing your borders. Remember that epidemics spread rapidly even in the Middle Ages, long before the age of globalization. So even if you reduce your global connections to the level of a medieval kingdom, that still would not be enough. To really protect yourself through isolation, you would have to go back to the Stone Age. Can you do that?

Second, history indicates that real protection comes from the sharing of reliable scientific information, and from global solidarity. When one country is struck by an epidemic, it should be willing to honestly share information about the outbreak without fear of economic catastrophe—while other nations should be able to trust that information, and should be willing to extend a helping hand rather than ostracize the victim.

International cooperation is needed also for

^
The St. Louis Red Cross Motor Corps, on duty during the Spanish flu pandemic in 1918

UNIVERSAL IMAGES GROUP/GETTY IMAGES

effective quarantine measures. Quarantine and lockdown are essential for stopping the spread of epidemics. But when countries distrust one another and each country feels that it is on its own, governments hesitate to take such drastic measures. If you discover 100 coronavirus cases in your country, would you immediately lock down entire cities and regions? To a large extent, that depends on what you expect from other countries. Locking down your own cities could lead to economic collapse. If you think other countries will then come to your aid, you will be more likely to adopt this drastic measure sooner.

Perhaps the most important thing people should realize about such epidemics is that the spread of an epidemic in any country endangers the entire human species. In the 1970s, humanity managed to completely eradicate the smallpox virus because all people in all nations were vaccinated against smallpox. If even one country failed to vaccinate its population, it could have endangered the whole of humankind, because as long as the smallpox virus existed and evolved somewhere, it could always spread again everywhere.

In the fight against viruses, humanity needs to closely guard borders. But not the borders between countries. Rather, it needs to guard the border between the human world and the virus-sphere. Planet Earth is teeming with countless viruses, and new viruses are constantly evolving because of genetic mutations. The borderline separating this virus-sphere from the human world passes inside the body of each and every human being. If a dangerous virus manages to penetrate this border anywhere on earth, it puts the whole human species in danger.

Over the past century, humanity has fortified this border like never before. Modern health care systems have been built to serve as a wall on that border, and nurses, doctors and scientists are the guards who patrol it and repel intruders. However, long sections of this border have been left woefully exposed. There are hundreds of millions of people around the world who lack even basic health care services. This endangers all of us. We are used to thinking about health in national terms, but providing better health care for Iranians and Chinese helps protect Israelis and Americans too from epidemics. This simple truth should be obvious to everyone.

TODAY, HUMANITY FACES an acute crisis not only because of the coronavirus, but also because of the lack of trust between humans. To defeat an epidemic, people need to trust scientific experts, citizens need to trust public authorities, and countries need to trust one another. Over the past few years, irresponsible politicians have deliberately undermined trust in science, in public authorities and in international cooperation. As a result, we are now facing this crisis bereft of global leaders who can inspire, organize and finance a coordinated global response.

During the 2014 Ebola epidemic, the U.S. served as that kind of leader. The U.S. fulfilled a similar role also during the 2008 financial crisis, when it rallied behind enough countries to prevent a global economic meltdown. But in recent years the U.S. has resigned its role as global leader. The current U.S. Administration has cut support for international organizations and has made it very clear to the world that the U.S. no longer has any real friends, only interests.

The void left by the U.S. has not been filled by anyone else. Xenophobia, isolationism and distrust now characterize most of the international system. Without trust and global solidarity, we will not be able to stop the coronavirus epidemic.

If this epidemic results in greater disunity and mistrust among humans, it will be the virus' greatest victory. When humans squabble, viruses double. In contrast, if the epidemic results in closer global cooperation, it will be a victory not only against the coronavirus, but against all future pathogens.

Harari is a historian, philosopher and the best-selling author of Sapiens, Homo Deus *and* 21 Lessons for the 21st Century

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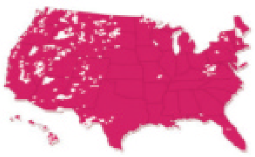

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TimeOff

HULU REBOOTS
As Disney+ caters to kids, Hulu is looking like Disney's main stream

INSIDE

THE MOST CALMING THINGS TO WATCH AT HOME RIGHT NOW

ONE DAY AT A TIME *GETS A SECOND LIFE ON CABLE*

A PONZI SCHEME DRIVES A GRIPPING NEW NOVEL

ILLUSTRATION BY LILI DES BELLONS FOR TIME

ESSAY

As streamers go to war, Disney arms Hulu

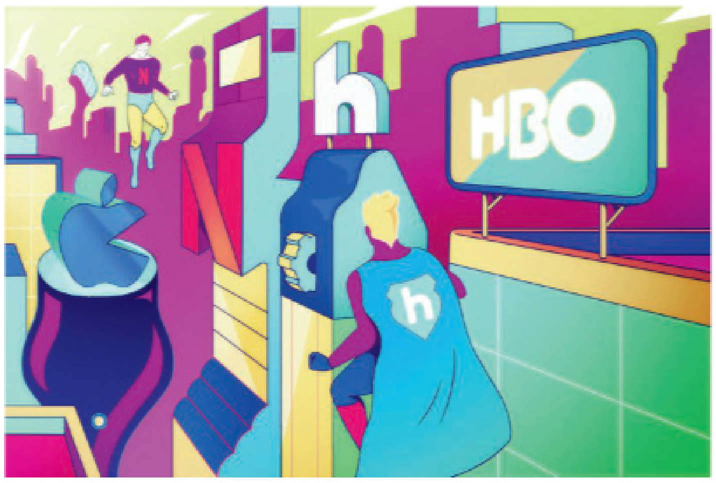
By Judy Berman

THE FUTURE OF PRESTIGE TV MAY BE UNwritten, but if the present is any indication, it will involve a lot of female-fronted book adaptations from Reese Witherspoon's company Hello Sunshine. HBO's *Big Little Lies* set the template, casting Witherspoon, Nicole Kidman, Shailene Woodley, Laura Dern and Zoë Kravitz in a murder mystery based on Liane Moriarty's novel. With Brian Stelter's nonfiction best seller *Top of the Morning* as source material, 2019's *The Morning Show,* starring Witherspoon and Jennifer Aniston, is the marquee offering from Apple TV+.

Now comes Hulu's turn. Premiering March 18, *Little Fires Everywhere* brings to TV Celeste Ng's celebrated 2017 novel about two very different families whose fates collide in a stifling suburban idyll. Like its predecessors, the miniseries stars executive producer Witherspoon; Kerry Washington, who also produced the show, plays the transient, single-mom artist foil to Witherspoon's officious wife, mother and reporter. The show sacrifices the book's elegance in favor of blunt statements on issues like class, race and motherhood. But for all its failings, it's the latest high-profile project to suggest that parent company Disney is getting serious about building a better Hulu.

Before its November launch, it seemed possible that Disney+ would serve all ages, with its recent acquisition Hulu surviving as a legacy platform for R-rated movies, day-old TV episodes and *The Handmaid's Tale.* But if you're over 13; originally signed up for Disney+ to watch *The Mandalorian;* and have since streamed every Disney, Marvel and *Star Wars* movie worth a second look, you may be asking yourself: What has this platform done for me lately? Indeed, the next major Disney+ series with obvious appeal for adults—Marvel's *The Falcon and the Winter Soldier* and *WandaVision*—aren't due out for months.

The entertainment monolith's streaming-wars strategy is baffling unless you've noticed it ramping up its investment in Hulu, which has often seemed like an also-ran in the arms race for original content. The service's 2020 schedule is packed with ambitious projects and big stars, from *Little Fires* and February's *High Fidelity*—which cast Kravitz in a reboot of the John Cusack movie—to this month's debut of FX on Hulu, a hub for old titles, new shows and the occasional streaming exclusive from the cable network Disney gained when it acquired 21st Century Fox last year. Hulu is apparently Disney's choice to compete with Netflix and Amazon, as well as WarnerMedia's HBO Max and NBCUniversal's Peacock, both set to launch this spring.



Long trailing other premium networks and streamers, Hulu is stepping up its game

FX ON HULU, in particular, may turn out to be the platform's secret weapon. For now, most shows under this banner will premiere on FX or its sister network FXX, with episodes coming to Hulu the next day. The first series to follow that model was *Breeders,* a downbeat family comedy starring Martin Freeman and Daisy Haggard. Rounding out launch week was *Dave*—an FXX sitcom from comedy rapper Lil Dicky—followed by Season 4 of Pamela Adlon's acclaimed dramedy *Better Things; The Most Dangerous Animal of All,* a docuseries about a man who believes his father was the Zodiac killer; and the streaming-exclusive tech thriller *Devs.* Created by Alex Garland *(Annihilation, Ex Machina), Devs* is an ideal flagship streaming title for a prestige cable brand: fast-paced, cerebral, stylish, suspenseful enough to binge. It doesn't seem like a coincidence that FX is routing such a visible project straight to streaming. Its second Hulu-only series, April's 1970s period drama *Mrs. America,* has Cate Blanchett as antifeminist lightning rod Phyllis Schlafly, leading a dream cast that includes Rose Byrne and Uzo Aduba.

Of all the properties Disney acquired from Fox, FX Networks is the most distinctive TV brand. FX made its name in the early 2000s with dark cop drama *The Shield* and Ryan Murphy's breakout *Nip/Tuck.* Along with a young, male audience, its shows shared a mix of intelligence, irreverence and grit that was hard to find on basic cable. Macho hits *Sons of Anarchy, Justified* and *Archer* followed.

But in recent years, FX evolved. Murphy's camp sensibility infused *American Horror Story* and *American Crime Story,* culminating in *Pose*'s groundbreaking depictions of trans women and gay men of color. *The Americans* gave FX a profound family drama disguised as a spy thriller. *Atlanta* allows Donald Glover an outlet for pure creativity.

The network isn't infallible. But its success rate is high, especially relative to the artistic risks it takes. Hulu stands to benefit from FX's wisdom as much as

Washington, left, and Witherspoon play mismatched moms in Hulu's much-anticipated Little Fires Everywhere

FX could use the Disney cash. Though it was the first streaming service to win top honors at the Emmys, with *The Handmaid's Tale,* Hulu has had surprisingly few big hits. But a *Veronica Mars* revival, Patricia Arquette in true-crime docudrama *The Act,* and auteur comedies *Pen15* and *Ramy* made 2019 its strongest year to date.

Viewership stats are sparse, but from a creative standpoint, Hulu's problem is that it greenlights a lot of projects that sound great on paper—Aidy Bryant in Lindy West's semi-autobiographical sitcom *Shrill,* Kat Dennings in surrealist breakup comedy *Dollface,* Mindy Kaling's *Four Weddings and a Funeral* reboot—without ensuring the execution lives up to the pitch. Even *The Handmaid's Tale,* so poignant and thought-provoking in Season 1, has since been characterized by plot holes and gratuitous cruelty.

Still, FX reportedly will contribute one third of Hulu's originals in 2020 and 2021, and with a stable of shows that still skews somewhat masculine, it stands to balance Hulu's largely female focus. Along with *Little Fires, High Fidelity* and the Hillary Clinton docuseries *Hillary,* the platform's spring slate includes an adaptation of Sally Rooney's zeitgeisty novel *Normal People* and Elle Fanning as a young Catherine the Great. Broadening Hulu's viewership might well make the $13 Disney+/Hulu/ESPN+ bundle Disney is offering an attractive alternative to Netflix.

FOR VIEWERS, Hulu's expansion appears to be a silver lining to the colossal storm cloud that is Disney invading every corner of the entertainment industry: lots of premium programming at no additional cost. But this synergy doesn't come without risk. After years of rapid expansion, Disney has entered a transitional period, as its imperial Bob Iger era gives way to Bob Chapek's new regime. Hulu has just had a leadership shake-up of its own, with Randy Freer exiting as its CEO and Kelly Campbell succeeding him as president.

New leadership can bring big changes in strategy—as HBO employees learned in 2018, when John Stankey became WarnerMedia's chief executive and demanded that a network known for quality focus on quantity. Since then, HBO upped its output of original content from around 100 hours per year to 150, with another 10% increase projected for 2020. Though that growth hasn't necessarily hurt HBO's creative success rate, it has seemed to exceed many viewers' bandwidth, as genre hits outshine quieter and weirder gems.

Even in a best-case scenario, we'll have to trust one of an increasingly small number of entertainment megacorps to save a place for art amid billion-dollar commerce. With the addition of FX Networks' ambitious slate, as well as in-house projects on the grand scale of *Little Fires Everywhere,* Hulu seems well positioned to be its parent company's answer to Netflix, HBO and all the rest. But at a corporation like Disney, there's always a bigger picture. Who knows what that will look like when it finally comes into focus? □

ILLUSTRATION BY LILI DES BELLONS FOR TIME; LITTLE FIRES EVERYWHERE: HULU

Saylor and Lowe

MOVIES

What lies beneath Down East

The Maine-set mystery and dark comedy *Blow the Man Down* (streaming on Amazon Prime) may represent the invention of a new genre: let's call it lobster-trap noir. As two sisters in a small coastal town (played by Sophie Lowe and Morgan Saylor) mourn their recently deceased mother, one of them has a run-in with a creep she meets in a local bar. Things end badly for the creep, and the sisters try to cover up the deed. That's when they learn that the deceased has ties to a local madam (Margo Martindale, making the most of an amorphously conceived character) whose establishment caters to fishermen working in the area.

Written and directed by Bridget Savage Cole and Danielle Krudy, *Blow the Man Down* strives for Coen-brothers-style quirkiness, and sometimes succeeds. Its humor is as black as the darkest wild blueberry: How do you make a corpse fit into a cooler intended for seafood? *Blow the Man Down* has your answer. And there are some charming performances, notably that of Will Brittain as a sweet rookie cop who insists on saying grace before meals. But the ending of *Blow the Man Down* doesn't have the punch it needs. Its comic-sinister tone settles into something as inconsequential as a gentle breeze. This is a sea shanty that just doesn't swing.

—*Stephanie Zacharek*

TELEVISION

Soothing shows to stream right now

Homebound? Let this list provide a reprieve

By Eliana Dockterman

IF YOU WANT A SHOW DEVOID OF CYNICISM: *PARKS AND RECREATION* (NETFLIX)
A group of bighearted municipal employees in Indiana manage to remain unflaggingly optimistic and funny as they sort through the bureaucracy of local politics. Comfort food at its finest.

IF YOU WANT TO HANG OUT WITH FAMILY: *SCHITT'S CREEK* (NETFLIX)
After losing their fortune, a family must move to a tiny motel in the middle of nowhere, bond and reassess their priorities for the better in this delightfully deranged comedy created by father-son duo Eugene and Dan Levy.

IF YOU NEED A ROM-COM TO SIMULCAST WITH YOUR CRUSH: *LOVESICK* (NETFLIX)
The dramedy centers on three roommates, one of whom must inform all his old flames he has chlamydia. Each episode revisits one of his old relationships, and as the show jumps in time, the audience pieces together how the roommates truly feel about one another.

IF YOU MISS *FRIENDS*—OR YOUR FRIENDS: *HAPPY ENDINGS* (HULU)
Six friends hanging out in a bar may sound overly familiar, but this group takes hilariously messy narcissism to the absolute max.

IF YOU WANT TO TOTALLY ZONE OUT: *UNLIKELY ANIMAL FRIENDS* (DISNEY+)
For gorgeous nature content, check out *Planet Earth*. But if you just want the pure joy of watching a dog swimming with a dolphin or a duck play-fighting with a cat, this show delivers.

IF YOU WANT SOMETHING TO INSPIRE YOUR HOME COOKING: *CHEF'S TABLE* (NETFLIX)
What separates this from other food series is the exquisite, borderline-pornographic shots of cooks preparing food in the world's best restaurants.

IF YOU WANT TO GET ALONG WITH YOUR ROOMMATES: *TERRACE HOUSE* (NETFLIX)
This Japanese reality series is like *The Real World* but without contrived animosity or conflict. The contestants' interactions are deeply felt. □

Binge-watch: Eugene Levy and Chris Elliott star in the Netflix hit Schitt's Creek

BLOW THE MAN DOWN: AMAZON STUDIOS; SCHITT'S CREEK, ONE DAY AT A TIME: POP TV; SELF MADE: NETFLIX

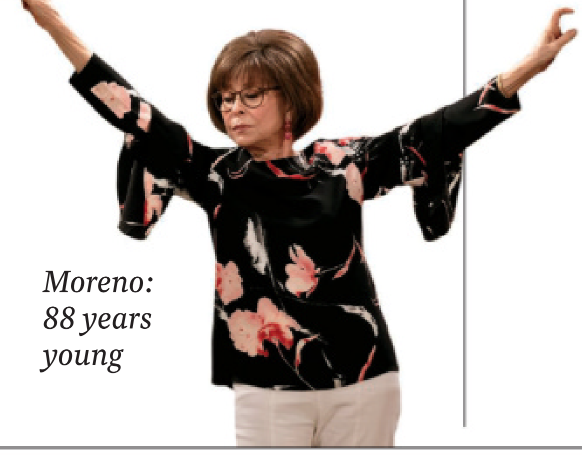
TELEVISION

One (more) day at a time

Legendary TV creator Norman Lear, now 97, stepped back into the spotlight a few years back to shepherd a Netflix reboot of his 1975 sitcom *One Day at a Time.* New showrunners Gloria Calderón Kellett and Mike Royce kept the setup—a divorced mom and her two kids live in a building with an overly friendly super—but recast the family as Cuban American, made mother Penelope (Justina Machado) a veteran and added a spry grandma played by the divine Rita Moreno. In three seasons, the show combined nostalgic multicam comedy with current issues: immigration, PTSD, sexuality. Then Netflix canceled it.

The show's small but enthusiastic fan base rejoiced when it was revived by Pop TV. Season 4 opens with a bang, as teenage Alex (Marcel Ruiz) lands a shot at a certain streamer—"It's like there's nothing good on Netflix anymore"—and a Census taker (guest star Ray Romano) stops by with questions that make Penelope panic about her single status. For cable loyalists who missed the series on its original platform, the episode makes a perfect starting point. *—J.B.*

ONE DAY AT A TIME *premieres March 24 on Pop TV*



Moreno: 88 years young

At the time of her death, Walker (Spencer) employed some 25,000 sales agents

TELEVISION

Making a mess of Madam C.J. Walker

By Judy Berman

SARAH BREEDLOVE, THE WOMAN known to posterity as Madam C.J. Walker, lived a remarkable life. Born in 1867 to formerly enslaved sharecroppers, she married at 14 to escape an abusive brother-in-law and was a widowed mother by 20. Her second husband turned out to be a bad egg. She started losing her hair. And only then did she discover Annie Turnbo Malone's hair-growing cream, meet C.J. Walker—the ad salesman who would become her third spouse—and start building her own black women's hair-care empire. She died, in 1919, one of the nation's wealthiest female entrepreneurs.

Of all the unfortunate choices in the four-part drama *Self Made: Inspired by the Life of Madam C.J. Walker,* out March 20 on Netflix, the decision to focus on the last decade of her life is the most confusing. Instead of taking viewers through Walker's extraordinary formative experiences, Octavia Spencer's Sarah summarizes that story Wikipedia-style over flashbacks that open the first episode. What's left is the business of building a business—which would be hard to dramatize under any circumstances but in this case suffers particularly from clumsy, cliché-ridden scripts.

Though "inspired by" a biography from Walker's great-great-granddaughter A'Lelia Bundles, *Self Made* plays like a soap opera. Emasculated by his wife's independence, C.J. (Blair Underwood) strays. As Sarah's daughter Lelia, a woefully miscast Tiffany Haddish (who is only seven years Spencer's junior) chafes in an unhappy marriage, her character's quirkiness evidently meant to foreshadow the revelation that she's gay. The villain is Sarah's light-skinned savior turned rival (Carmen Ejogo), a fictionalized Malone who's always scheming. The talented cast can't overcome dialogue that can be painfully stiff ("Your impeccable reputation precedes you") or anachronistic ("on the regular," "lying-ass liar") but is uniformly painful. Kasi Lemmons, of *Harriet* and the great *Eve's Bayou,* directed two episodes, her camera lingering inexplicably on exaggerated reaction shots.

Normally, a show this bad would at least be amusing to watch. But when you consider the richness of the subject and the larger issues it raises—the politics of black hair, Walker's anti-lynching work, sexism and colorism in the black community—its incompetence is just depressing. ◻

PROFILE

Reinventing after chaos

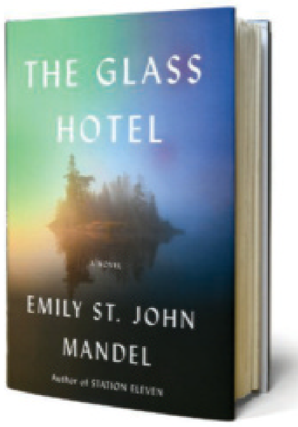
By Annabel Gutterman

IN 2008, EMILY ST. JOHN MANDEL WAS WORKING a day job at a cancer-research lab in New York when she learned of Bernie Madoff's investment scandal. "It got me thinking about how much I liked my co-workers," the novelist says, peering down at the wet sidewalks of Manhattan's financial district from a restaurant lounge. "And how much more intense our camaraderie would be if we all showed up at work on Monday morning to perpetuate a massive crime."

The story of Madoff's infamous Ponzi scheme and the devastation it created looms over Mandel's latest book, *The Glass Hotel,* out March 24. But Mandel, the 41-year-old author of four previous novels including the acclaimed *Station Eleven,* specializes in fiction that weaves together seemingly unrelated people, places and things. *The Glass Hotel,* which blends the story of an investor whose Ponzi scheme falls apart in 2008 with that of a woman who disappears from a ship in 2018, is no exception. "This book about a financial crime that is also a ghost story about container shipping," she says. "Try crafting that elevator pitch."

The kaleidoscopic novel jumps between perspectives and places, but everything ties back to a single moment in 2005 on Vancouver Island—where, at the secluded Hotel Caiette, a threat was etched on the lobby's pristine wall: WHY DON'T YOU SWALLOW BROKEN GLASS. In tracing the ramifications of this offense, and so many others, Mandel asks if anyone is capable of truly starting over. There's the hotel employee who wrote the message and changes course after getting fired. There are the financial advisers who committed high-stakes fraud for years, suddenly facing consequences. And there are the victims who lose everything. Mandel's latest novel dissects the surreal division between those who are conscious of ongoing crimes and those who are unwittingly brought into them. "Some people are absolutely shattered," she says. "And others get a really interesting cocktail-party story for 20 years from now."

MANDEL HERSELF BELIEVES in reinvention, the idea that someone can pick up and change everything about their life completely—like a friend she mentions who left her identity as a New York publicist behind to become a jewelry student in Italy. But there's a downside: "You do absolutely lose things you loved about your previous life."



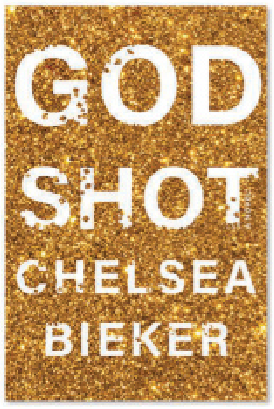
Mandel is writing the pilot for a TV adaptation of The Glass Hotel

That idea, explored in *The Glass Hotel,* is not new to Mandel's work. The hugely popular *Station Eleven,* which has sold 1.5 million copies, captures a world forced to fully reinvent after much of the population is wiped out by a swine flu. Readers have been reaching out to Mandel, many in anxious Twitter missives, to comment on the eerie similarities between the present-day COVID-19 outbreak and her novel, musing on what the future will bring. "It was a bad week to start reading *Station Eleven,*" Mandel says.

For the most part, she's avoiding the discourse, mitigating any risk that people might see her as capitalizing on the moment to sell her book. She's as unsettled by the pandemic as anyone—when we met, she'd just finished rearranging travel plans—and is focused on remaining calm around her 4-year-old daughter, who has taken up lecturing others on proper handwashing.

While writing *Station Eleven,* Mandel channeled what has become a prescient anxiety. "*Panic* is too strong a word, but I did have terrible awareness of the fragility of civilization," she says. *The Glass Hotel* doesn't depict the end of the world, but it reinforces that idea; both books, in their ways, examine how we respond to chaos after catastrophe. "All of this, we take for granted," Mandel says, gesturing to our surroundings. "It's unsettling to realize how quickly this falls apart." ◻

MANDEL: SARAH SHATZ



REVIEW

Doom in a dry spell

Drought has devastated the small California town where 14-year-old Lacey and her mother live. In Chelsea Bieker's haunting debut, *Godshot,* they, along with several members of their community, find hope in Pastor Vern, a cult leader with a plan to bring the rain back. Lacey is willing to do whatever Vern wants—until her mother is exiled and flees the area.

Don't let the glitter and gold of *Godshot*'s cover fool you. This is a harrowing tale, which Bieker smartly writes through the lens of a teenager on the cusp of understanding the often fraught relationship between religion and sexuality. Lacey, now living with her grandmother, begins to see the cracks in Vern's "assignments." He believes that fertility is the answer to all their problems—imposing terrifying realities on Lacey and her peers.

Godshot evolves from an intense coming-of-age story to an urgent survival narrative as Lacey desperately searches for her mother. In snappy prose, Bieker captures a young girl's desperation and yearnings for a parent, which come sporadically and fiercely: "I needed her body next to mine to remind me of my own." It's a timely and disturbing portrait of how easily men can take advantage of vulnerable women—and the consequences sink in more deeply with each page.

—*A.G.*

REVIEW

An unexpected delivery

WHEN ALEXANDER PAINE WILSON sees the aardvark for the first time, he's annoyed. This isn't a surprising reaction for the young Republican Congressman—he's easily irritated. That morning, he's already aggrieved by the broken air-conditioning in his townhouse (on a particularly hot day in Washington, D.C.) and the fact that he has no wife or children, which makes his re-election odds less favorable than he'd like. When a giant box with a taxidermied aardvark arrives, Wilson suspects he knows where it came from. And he's not happy.

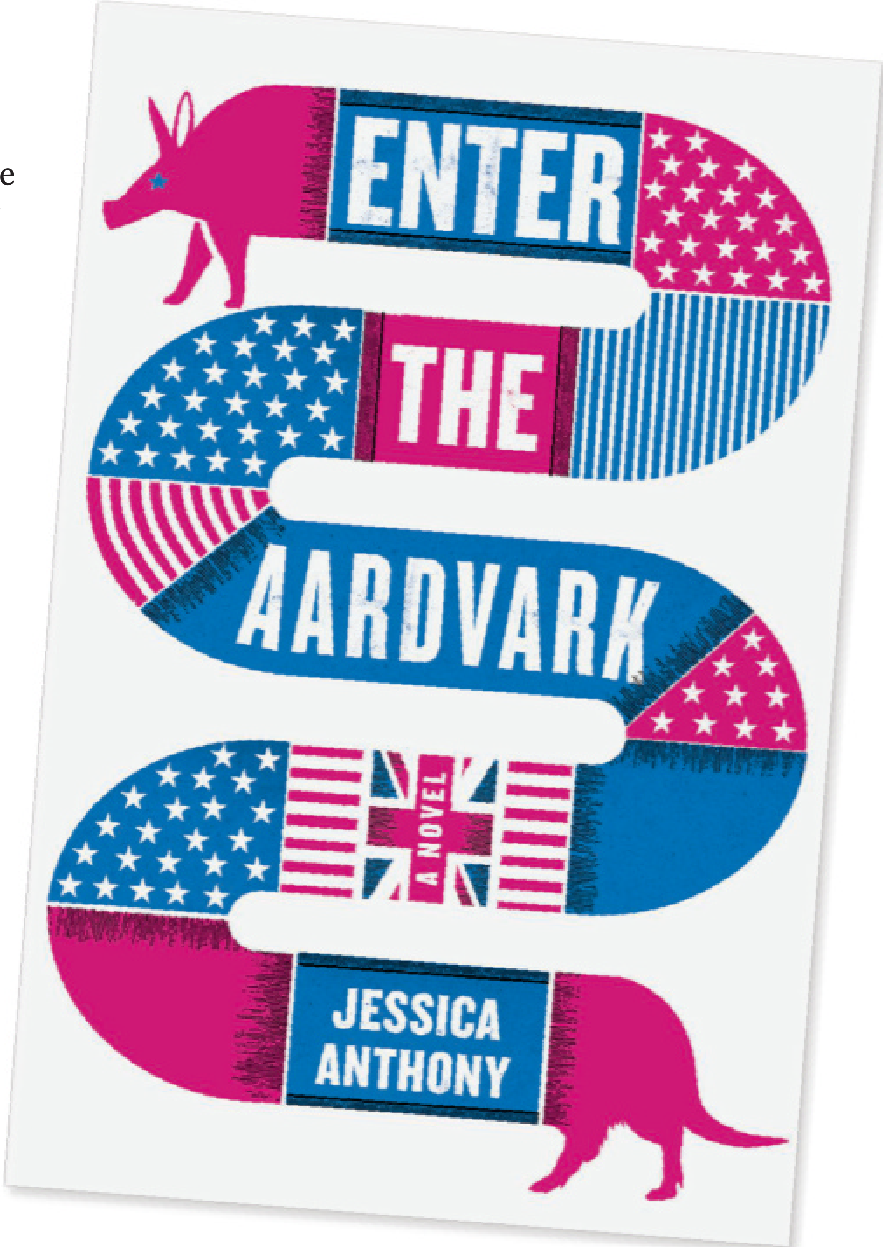
Enter the Aardvark, Jessica Anthony's second novel, flips between modern-day D.C. and 19th century England, where the aardvark was first found by a naturalist who offered it to his friend, a taxidermist. Quickly, Anthony reveals that these men had more in common with Wilson than he'd like to admit: they were gay and forced to hide their sexuality. The aardvark served as a totem of their forbidden love—and its arrival threatens to unravel Wilson's carefully constructed image.

The politician's narration, which is written in the second person, captures his gnawing agitations with the world, which quickly fester to anger. It's this rage that Anthony methodically—and hilariously—picks apart through her protagonist's misguided obsession with how he's perceived by others. Wilson desperately wants to be someone he isn't, and thinks he can buy his way into becoming the next Reagan. When preparing to confront the man he thinks sent the animal, he seethes as he dons his political costume: "Motherof*god,* you think, what a pain in the *ass,* as you dress yourself, head to toe, in light casual summerwear from J. Crew."

Though *Enter the Aardvark* is certainly satire, Anthony's depiction of Wilson's repressed sexuality cuts beneath the surface. Her dissection of Wilson's political beliefs, particularly his anti-abortion stance, isn't just sharp commentary on polarization, identity and power in the U.S. It's also a poignant examination of what happens when we deny ourselves the ability to love and be loved. —A.G.

An image-obsessed politician, a big secret and an aardvark

Anthony wrote the book while working as a "bridge guard" on the Danube River



7 Questions

Maya Moore The WNBA superstar on stepping away from basketball in her prime, reforming criminal justice and the one thing LeBron can't do

Jonathan Irons, a family friend from Missouri, was convicted of burglary and assault with a deadly weapon in 1998, when he was 16, and sentenced to 50 years in prison. You've taken off a second straight WNBA season to help his case arguing wrongful conviction. Why have you connected with Irons? Someone who's been through so much injustice, and the hard upbringing that he had, you would think that he'd be just bitter and violent and angry. That's just totally the opposite of how he's carried himself. And so he gave me inspiration, just getting to hear his experiences through phone calls and letters and visits with our family. I just was inspired by the light inside of him.

On March 9, a judge vacated the conviction; the state has 15 days to request an appeal. Why are you 100% convinced that Irons is innocent? There was an interrogation that happened without any adult present, there were no interrogation notes that were retained from the time. There were highly unreliable eyewitness-testimony practices, eyewitness-testimony procedures with no physical evidence—no footprints, DNA, blood. There were unidentified fingerprints that didn't belong to Jonathan or the victim. It's like something out of a made-up show. It seems unreal how this could have happened.

You've said that you're more exhausted doing criminal-justice work than you ever were playing basketball. Why do you think that is? The type of exhaustion that you experience when you're facing injustice is more of an emotional exhaustion. Because you're mourning the evils and the brokenness that you see.

Do you think your decision to step away sends any kind of message? When you want to do something well, you have to show up and be present. There are things I haven't been able to do well personally because I've been running so hard after basketball. And so I've been able to be present for several of the things that center around family ministry. And I consider prosecutorial reform a part of that ministry and family.

> *'I DON'T WANT THE SUCCESS OF FEMALE ATHLETES TO BE MEASURED ONLY BY THEIR ATHLETIC ACHIEVEMENTS'*

EVAN AGOSTINI—INVISION/AP

Why do you think athletes have felt more comfortable using their platform to shine a light on issues that they care about? Culture in general wants to connect ethical issues with consumerism. And we can see that overflowing into something that is consumed so much, which is sports. So I think it's just kind of a product of our time. But also I think it's the fruit of men and women who have gone before, who have helped educate us and appreciate the power that we have. We have so much influence in our culture.

You're one of today's most decorated American athletes, having won titles in the WNBA, college, Olympics and world championships. Have you felt overlooked during this time? I don't want the success of female athletes to be measured only by their athletic achievements. I don't think that's really fair to women. I think there's a different standard for men and women in how you define success. We have equal value, but how that value is measured is different. You know, LeBron has some physical abilities that I will never have. But he will never have the potential to birth a human being.

Are you going to play basketball again? I'm still in my time away and not really talking more about it, other than I'm not playing this year. That's just the best way to leave it. Sometimes you have to, like last year, just kind of sit in that not-knowing tension of what the next chapter's going to hold.

—SEAN GREGORY

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